No. 23-1275

IN THE

Supreme Court of the United States

EUNICE MEDINA, 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 RELIGIOUS ORGANIZATIONS AND FAITH LEADERS AS *AMICI CURIAE* IN SUPPORT OF RESPONDENTS

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INTEREST OF AMICI CURIAE[1]

Amici curiae are people of faith, including faith leaders, congregations, and faith-based organizations, united by their respect for the dignity of the human person, and especially of the impoverished. *Amici* are members of diverse traditions that nonetheless speak in harmony on the issues of personal dignity and access to healthcare: they are Christian (Protestant and Catholic alike), Hindu, Jewish, and Sikh. *Amici* include:

- Rabbi Stephanie M. Alexander of Charleston, S.C.;
- Rabbi Samuel Rose of Greenville, S.C.;
- Catholics for Choice;
- Hadassah, The Women's Zionist Organization of America;
- Hindus for Human Rights;
- Interfaith Alliance of South Carolina;
- National Council of Jewish Women;
- Religious Community for Reproductive Choice;
- The Sikh Coalition;
- Unitarian Universalist Association; and
- Women's Alliance for Theology, Ethics, and Ritual (WATER).

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[1] Pursuant to Rule 37.6, *amici* affirm that no counsel for a party authored this brief in whole or in part and that no person other than *amici*, their members, or their counsel made any monetary contributions intended to fund the preparation or submission of this brief.

Amici's faiths compel them to speak out in support of the decision below. The Fourth Circuit's decision, consistent with the law of the Sixth, Seventh, Ninth, and Tenth Circuits, as well as this Court's decision in *Talevski*, recognizes that Medicaid's free-choice-of-provider provision supports patients' dignity as free and equal persons with autonomy over their lives and health. The court of appeals' conclusion that the free-choice-of-provider provision can be privately enforced under § 1983 is likewise a just interpretation of the law's commitment to the dignity of Medicaid recipients. Accordingly, *amici* respectfully urge this Court to affirm the judgment below.

SUMMARY OF ARGUMENT

People are not worth less because they *have* less. Christian, Jewish, Muslim, Hindu, Sikh, and Buddhist traditions all draw on different scriptural sources and moral precepts. But although their means of learning the will of the divine and the nature of the good life are different, they are united in at least one respect: all people are endowed by virtue of their humanity with equal and inviolable human dignity. Healthcare cannot be denied to poor people simply because they are poor: the deprivation of healthcare and the deprivation of the choice of healthcare provider is an affront to human dignity. In particular, the faiths of *amici* emphasize a special responsibility to defend the dignity, and promote the welfare, of those in need.

The human person is sacred, because each individual is an expression of the divine. Each person is also endowed with a human body, and that body will sicken and fail. All people, regardless of faith, will need medical treatment—at birth, in illness, in age, and in dy-

ing. But while the human condition is universal, access to healthcare is not. For thousands of years, the faiths of *amici* have taught that to deprive the poor of the ability to access care is to deprive those individuals of a fundamental human need. Thus, for thousands of years, organizations founded and operated by those following the faiths of *amici* have sought to provide healthcare to the poor who could not pay for it themselves. Today, these faith traditions drive millions of people across the United States to give funds, spend time, and operate institutions devoted to ensuring that poor people are treated with the dignity they deserve, and to ensuring that the poor obtain the care that they need in particular.

Amici's concern for human dignity in access to healthcare is mirrored by the statutory regime that underpins both 42 U.S.C. § 1983 and the Medicaid Act. Section 1983 gives voice to the voiceless, allowing those who would otherwise be denied the dignity of protection by the law access to the courts to vindicate the rights secured for them by their government. The Medicaid Act serves tens of millions of Americans who could not otherwise pay for healthcare that those more fortunate take for granted. The concern for the dignity of the poor that drives *amici* to acts of personal and institutional charity also demands that *amici* stand up to efforts that would undermine the promise of the Medicaid Act to support their values and the human dignity of the poor. In this brief, *amici* bring two points to the Court's attention.

First, the diverse faiths of *amici* make clear that a well-ordered society must respect the dignity of the poor and demonstrate that dignity by providing healthcare to those who cannot afford it.

Second, the Medicaid Act reflects a concern for the equal dignity of the poor and the fact that the poor are as equally deserving of healthcare as those more fortunate. The Fourth Circuit's decision allows individuals to vindicate the right established for them by Congress to access their free choice of provider through Medicaid and reflects a respect for their dignity as persons. Reversing that decision—holding that the courthouse doors are closed to Medicaid patients whose statutory choice-of-provider rights have been denied—would compromise individual rights and undermine a statutory regime that supports human dignity, a widespread religious value. In contrast, affirming the Fourth Circuit's conclusion would underscore the respect for human dignity that was codified in the relevant provisions of the Medicaid Act. For these reasons, *amici* urge the Court to affirm the Fourth Circuit's decision.

ARGUMENT

I. Barring underserved people from equitable access to healthcare conflicts with the values shared by diverse religious groups.

> *A world that rejects the sick, that does not assist those who cannot afford care, is a cynical world with no future. Let us always remember this: health care is not a luxury, it is for everyone.*
>
> —*Pope Francis*[2]

Service to the sick is a core religious and moral tenet that stretches back to ancient times and transcends particular religions, faith communities, or sects. Indeed, to say that religious communities disagree on many profound issues, including the nature of the divine and humans' relationship with their Creator, would be an enormous understatement. But that is precisely why their shared moral commitment to the most underprivileged in society, including in the provision of healthcare, is so striking.

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[2] Carol Glatz, *Health Care Is a Universal Right, Not a Luxury, Pope Says*, Nat. Catholic Rep. (Jan. 17, 2023), https://www.ncronline.org/vatican/vatican-news/health-care-universal-right-not-luxury-pope-says.

A. Recognizing the dignity of the poor and underprivileged in society is a moral imperative for people of faith.

The poor man and the rich man are both brothers.
God's preordained plan cannot be erased.

— Guru Granth Sahib[3]

People of faith recognize that all people, including the poor, have an innate dignity that must be protected and respected. The spiritual charge to protect the underserved and the corresponding right of the poor to be protected and provided for is expressed throughout the texts and teachings of many faiths—from the shared virtues of charity and generosity to the expressions of these virtues in parables and commandments.

Christian faith traditions—Christian scripture reminds the faithful that to treat the poor is to treat Christ himself. The parable of the Sheep and the Goats, for example, describes how the Son of Man will speak to those followers who gave aide to the sick and the poor: "Truly I tell you, whatever you did for one of the least of these brothers and sisters of mine, you did for me."[4] And both the Hebrew and Christian Bibles command the devoted to "defend the rights of the poor and needy"[5] and "share your food with the hungry and … provide the poor wanderer with shelter."[6]

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[3] Sikh Holy Text, *Ang* 1159, https://srigurugranth.net/1159.html. Unless otherwise noted, all cited websites were last visited March 8-10, 2025.
[4] *Matthew* 25:40; *see also James* 2:2-4 (discriminating against the poor is "evil").
[5] *Proverbs* 31:9.
[6] *Isaiah* 58:7.

It is unsurprising, then, that religious leaders of major Christian denominations have exhorted these values to the faithful for centuries. The first Christians "sold property and possessions to give to anyone who had need."[7] St. Benedict, whose 6th century monastic legacy includes religious orders that have spread all over the world, promulgated the maxim "*nihil amori Christi praeponere*," or "to prefer nothing to the love of Christ."[8] In following this maxim, the devout gave their excess to the poor and needy as a practice of their devotion to their faith, and as a system of social support operated from their monasteries.[9]

This devotion and commitment continued into modern times. In the 19th century, for example, Mother Alfred Moes devoted herself to the path of St. Francis of Assisi, the patron saint of the poor, founding two Franciscan orders in the Midwest.[10] She raised the funds that expanded the Mayo Clinic into a hospital that could serve "all sick persons regardless of their color, sex, financial status, or professed religion."[11]

Church leadership has underscored these critically important values. The National Conference of Catholic Bishops (today known as the United States Conference of Catholic Bishops) has spoken on the "special

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[7] *Acts* 2:45.

[8] Thomas Merton, *The Rule of Saint Benedict*, xxvii, 15 (2009).

[9] Toan Phan, *Monks & the Church's Obligation for the Poor*, 12 Obsculta 28, 33-34 (2019).

[10] Alyssa Frank, *Mother Alfred Becomes a Franciscan Sister #Throwback Thursday*, Mayo Clinic Lab'ys (Dec. 21, 2017), https://news.mayocliniclabs.com/2017/12/21/mother-alfred-becomes-franciscan-sister-throwbackthursday/.

[11] Helen Clapesattle, *The Doctors Mayo*, Atlantic Monthly, Dec. 1941, at 771, 772, https://www.theatlantic.com/magazine/archive/1941/12/the-doctors-mayo/654906/.

obligation" the faithful have to the poor and vulnerable, and their duty "to speak for the voiceless, to defend the defenseless, to assess life styles, policies, and social institutions in terms of their impact on the poor."[12] The Southern Baptist Convention has likewise noted that "[o]ne of the hallmarks of the ministry of Jesus Christ was His concern for and ministry to the needs of the poor and hungry."[13] In parallel, the United Methodist Church describes "healing the sick, feeding the hungry, caring for the stranger, [and] freeing the oppressed" as fundamental pathways for carrying out the Church's mission.[14]

Putting these teachings into practice, Christian faiths have established countless operations in the United States intended to serve the least privileged in society. The Church of Jesus Christ of Latter-day Saints, for example, operates over 100 storehouses where people in need may receive food and goods free of charge.[15] And through the Society of St. Vincent De Paul, members of the Catholic faith community in San Diego have established a state-of-the-art center (St.

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[12] National Conference of Catholic Bishops, *Economic Justice for All: Pastoral Letter on Catholic Social Teaching and the U.S. Economy* viii (1986), https://www.usccb.org/upload/economic_justice_for_all.pdf.

[13] *Resolution on Increased Awareness of Hunger Needs*, S. Baptist Convention (June 1, 1994), https://www.sbc.net/resource-library/resolutions/resolution-on-increased-awareness-of-hunger-needs/.

[14] *Mission Statement of The United Methodist Church*, The UMC, https://www.umc.org/en/content/book-of-discipline-120-ff-section-1-the-churches.

[15] President Russell M. Nelson, *The Second Great Commandment*, The Church of Jesus Christ of Latter-day Saints (Oct. 2019), https://www.churchofjesuschrist.org/study/general-conference/2019/10/46nelson.

Vincent de Paul Village, also known as Father Joe's Villages) to offer a full range of services to impoverished individuals in need—housing, meals, vocational training, childcare services, and more.[16]

Jewish faith traditions—Judaism similarly teaches that human beings have not just a responsibility, but a *mitzvah* (commandment), to respect the dignity of every human. Indeed, the Mishnah instructs that "the honor of your fellow should be as precious to you as your own."[17] This idea is one of the great principles of the Torah,[18] deriving from the teaching of Genesis that all people are made in the image of God (*tzelem elohim*).

In the Jewish tradition, the practice of *tzedakah* (charitable giving) is paramount: Maimonides says that one must take greater care with the *mitzvah* of *tzedakah* than with all other commandments.[19] It is not enough to merely give, but to give with dignity[20]: "When you give food to a hungry person, give him your best and sweetest food."[21] This obligation is to be cherished: as Rabbi Yehoshua taught, "more than what the homeowner does for the poor person, the poor person does for the homeowner."[22]

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[16] *About Us*, Father Joe's Villages, https://my.neighbor.org/about-us/; *Our Pillars of Care*, Father Joe's Villages, https://my.neighbor.org/our-solutions/.
[17] Pirkei Avot 2:10.
[18] *See* Jerusalem Talmud, Nedarim 9:4.
[19] Mishneh Torah, Matnot Aniyim 10:1.
[20] *Id*. 9:4.
[21] Mishneh Torah, Hilchot Issurei Mizbeiach 7:11.
[22] Vayikra Rabbah 34:8.

Jewish faith traditions did not merely recite these values; they put these beliefs into practice. From Talmudic times until the modern era, the community's obligations were implemented through tax-financed, community-run programs that provided for the poor and hungry.[23]

Members of Jewish leadership across all denominations have continued this tradition through the present day by advocating for and creating programs that continue to support and provide dignity to our most vulnerable.[24] In the 1980s, for example, the Central Conference of American Rabbis advocated for an expansion of social welfare, writing that "[o]ur prophets viewed the earth, its resources, and the wealth derived from them as a sacred trust, to be shared justly by all."[25] The Rabbinical Assembly, citing the Torah, has likewise urged legislators to combat food insecurity.[26] The Rabbinical Council of America similarly urged "states, the federal government, and the private sector to initiate programs" such as medical care to address

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[23] *Statement on Our Economic Commitment to America's Poor*, Cent. Conf. of Am. Rabbis (Mar. 1996), https://www.ccarnet.org/ccar-resolutions/statement-on-our-economic-commitment-to-america-s-poor-1996/.

[24] *E.g.*, *id.*; *Expand the Empire State Child Tax Credit*, Agudath Isr. of Am. (Mar. 22, 2022), https://agudah.org/expand-the-empire-state-child-tax-credit.

[25] *Resolution on Budget and Social Welfare Adopted*, Cent. Conf. of Am. Rabbis (July 1982), https://www.ccarnet.org/ccar-resolutions/budget-and-social-welfare-1982/.

[26] *Resolution Outlining Legislative Priorities to Combat the Food Insecurity Crisis in the United States*, Rabbinical Assembly (2021), https://www.rabbinicalassembly.org/story/resolution-outlining-legislative-priorities-combat-food-insecurity-crisis-united-states-0.

poverty.[27] And the Reconstructionist Rabbinical Association likewise has recognized that Judaism involves an "obligation to assist the poor and provide for their support in dignity as *tzedakah*, a required act of justice."[28]

Islamic faith traditions—In Islam, all people, as the "children of Adam,"[29] have been created "in the best form."[30] By their very creation, they are considered worthy of dignity and respect, which is why Islamic scholars such as Mahmud al-Alusi have written that this dignity is a natural right that is shared equally by all people and should not be denied to the poor and dis-advantaged.[31]

The Holy Quran teaches that charity is to be a steadfast and regular practice.[32] Islam's third pillar, *zakat*, mandates an annual practice of almsgiving from those who have enough to give to those who are poor and disadvantaged.[33] The mandatory nature of charity creates both a duty for the faithful to give and a right for the worthy to receive.[34]

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[27] *Resolution on Poverty*, Rabbinical Council of Am. (June 1, 1998), https://rabbis.org/poverty-1998/.

[28] *Reallocation of Resources to the Poor*, Reconstructionist Rabbinical Ass'n (1992), https://therra.org/resolutions/resources-to-the-poor.pdf.

[29] The Quran 17.70.

[30] The Quran 95.4.

[31] *E.g.*, Mohamed Bin Ali, *Delineating the Concept of Human Dignity in the Quran*, 9 Advances Soc. Scis. Rsch. J. 220, 223-24 (2022).

[32] *E.g.*, The Quran 2.43, 2.110, 2.277.

[33] *See* The Quran 9.60.

[34] Sahih al-Bukhari, *Hadith* 1400 (describing *zakat* as a "compulsory right" for those who deserve to receive assistance).

This tradition runs from the roots of the faith to the modern day. Throughout the classical Islamic era, Muslims donated their wealth and property to the common good beyond *zakat* through charitable trusts known as *waqf*, which funded social services such as education, healthcare, and infrastructure development.[35] Modernizing systems of *waqf* set a foundation for social welfare programs around the world.[36]

These traditions are not merely an incidental by-product of Islamic values. To the contrary, reduction in poverty "is one of the primary objectives of the Islamic economics system," and *zakat* is "designed to promote the welfare function of the public expenditure."[37] Here too, members of Islamic faith communities in the United States put these values into practice. For example, modern-day Muslim-led organizations are leading food distributions in Detroit[38] and aiding hurricane-response efforts in Houston.[39]

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[35] Shadiya Mohamed S. Baqutayan et al., *Waqf Between the Past and Present*, 9 Mediterranean J. Soc. Sci. 149, 152 (2018).
[36] Micah A. Hughes & Shariq A. Siddiqui, *From Islamic Charity to Muslim Philanthropy: Definitions Across Disciplines*, Religion Compass, Aug. 16, 2024, at 3.
[37] Muhammad Syukri Salleh, *Contemporary Vision of Poverty and Islamic Strategy for Poverty Alleviation*, 7 SAGE Open, Apr.-June 2017, at 2.
[38] Francis X. Donnelly, *Food Preparation the First Step of Many by Islamic Group Helping the Needy*, Detroit News (Feb. 15, 2015), https://www.detroitnews.com/story/news/local/detroit-city/2025/02/15/food-preparation-the-first-step-of-many-by-islamic-group-helping-the-needy/78476115007/.
[39] *Helping Neighbors After Beryl: Houston Nonprofit Joins Volunteers to Distribute Food Packages to 1,000 Families in Need*, Zakat Found. (July 25, 2024), https://www.zakat.org/helping-neighbors-after-beryl.

Buddhist faith traditions—In Buddhist teachings, all sentient beings are capable of reaching nirvana or Buddhahood and are deserving of respect, compassion, and dignity.[40] And Buddhist scriptures demonstrate that where members of the community depart from these values, they are properly criticized. In the Sutta Nipata and the Digha Nikaya, for example, the Buddha spoke sharply about his contemporaries' adherence to social classes and taught that all people were equally capable of karmic reward.[41] "I don't call one a brahman for being born of a mother or sprung from a womb," instructed the Buddha.[42] "But someone with nothing, who clings to no thing…. Beyond attachment, unshackled: He's what I call a brahman."[43]

A concern for the welfare of the poor is a hallmark of many Buddhist traditions and teachings. The 14th (and current) Dalai Lama advocates not merely for "compassion" towards others, but for a "commitment" to ensuring economic justice for the "human family as a whole."[44] Those values are deeply connected to Buddhist scriptures. The Buddhavamsa (a hagiographical Buddhist text) names *dāna* the first of the Buddhist

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[40] *E.g.*, Jarosław Marek Duraj, *The Buddhist Perspective on Human Rights*, *in* Migration and Human Rights 47, 62 (Piotr Ryguła ed., 2024).

[41] *See generally* Sutta Nipata 3:9 (The Vasettha Sutta), https://www.dhammatalks.org/suttas/KN/StNp/StNp3_9.html; Digha Nikaya 3 (The Ambattha Sutta), https://suttacentral.net/dn3/en/sujato.

[42] Sutta Nipata 3:9.

[43] *Ibid.*

[44] Tenzin Gyatso, the 14th Dalai Lama, *Human Rights, Democracy and Freedom*, The Off. of His Holiness the Dalai Lama, https://www.dalailama.com/messages/world-peace/human-rights-democracy-and-freedom.

"*paramitas*," or transcendent perfections—noble qualities associated with the path to enlightenment. *Dāna* means generosity, or giving, and in the Zen tradition, it is one of the four foundational wisdoms of social unity and part of a Buddhist model for organizing society.[45] *Dāna* includes charitable giving to alleviate the suffering of others, especially the poor and the needy.[46] In the early days of Buddhism, *dāna* took the form of generous giving to feed the poor and provide for monks who dedicated their lives to betterment of their communities.[47]

In majority-Buddhist countries, giving has long been directed to community economic projects such as schools and hospitals, and monasteries provide food, shelter, healthcare, and education to the needy.[48] For example, during the Vietnam War, Zen leader Thich Nhat Hanh led a movement of Buddhists to travel into poor, rural villages to provide aid and education, often traversing dangerous conflict zones that others did not dare to cross.[49] The international leader, who was

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[45] *See* Dogen Zenji, Shobogenzo 46 (Bodaisatta shishōhō), http://www.thezensite.com/ZenTeachings/Dogen_Teachings/Shobogenzo/046bodaisattaShishobo.pdf.

[46] *E.g.*, Thukhavati Thukhavati, *The Practical Way of Generosity (Dana) to Achieve Real Happiness in Theravada Buddhism*, 14 J. Int'l Buddhist Stud. 60, 62 (2023).

[47] *Ibid.*

[48] *E.g.*, Phrakhrusutaworathamphinit et al., *Public Welfare in Buddhism*, 12 Turkish J. Comp. & Math. Educ. 2454, 2458 (2021) (describing Buddhist-led welfare in Thailand); Louisa Lim, *Beijing Finds Common Cause with Chinese Buddhists*, NPR (July 22, 2010), https://www.npr.org/2010/07/22/128691021/beijing-finds-common-cause-with-chinese-buddhists(describing Buddhist contributions to schools and medical centers in China).

[49] *Thich Nhat Hanh: Extended Biography*, Plum Village, https://plumvillage.org/about/thich-nhat-hanh/biography/thich-nhat-hanh-full-biography.

nominated for the Nobel Peace Prize by Dr. Martin Luther King Jr., was described as "an Apostle of peace and nonviolence."[50] Because of his dedication to provide aid to those who had little hope, his name now graces a center at Harvard's T.H. Chan School of Public Health.[51]

Throughout the United States, Buddhist organizations have established local funds, like the Buddhist Churches of America's Social Welfare Fund, to support the disadvantaged, especially in times of crisis.[52] They have offered services for women and children who have been victims of domestic violence.[53]

Hindu faith traditions—In the Principal Upanishads, the Atman (the self) is described as being a part of the divine whole.[54] Thus, in the Hindu faith, each person is worthy of equal dignity as an extension of the divine. This principle is so monumental that the phrase "*Vasudhaiva Kutumbakam*,"[55] meaning 'the Earth is one family,' is engraved on the entrance hall of the Parliament of India.

Hindus hold the belief that an individual's actions accumulate karma. Beneficial karma may be accumulated through charitable actions, such as by providing

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[50] *The Life Story of Thich Nhat Hanh*, Plum Village, https://plumvillage.org/about/thich-nhat-hanh/biography.
[51] *About Us*, Thich Nhat Hanh Ctr. for Mindfulness in Pub. Health, https://www.mindfulpublichealth.org/.
[52] *Social Welfare Fund*, Buddhist Churches of Am., https://www.buddhistchurchesofamerica.org/social-welfare-fund.
[53] *Our Projects*, Lotus Outreach Int'l, https://lotusoutreach.org/empowering-through-education-training.
[54] *See, e.g.*, Brihadaranyaka Upanishad I.4.10, available at S. Radhakrishnan, *The Principal Upanishads* (1968).
[55] Maha Upanishad VI.72.

for the poor.[56] The "underlying Vedic philosophy, often quoted by Mahatma Gandhi[,] is 'Service to Man is Service to God,' (*Nar Seva, Narayan Seva*)."[57]

This Hindu practice of service to man began with almsgiving and has evolved over time into international charitable organizations, like American Hindu World Service (an international humanitarian organization based in Hindu philosophy)[58] and Ramakrishna Mission (an international spiritual organization following the practice of influential Hindu guru Ramakrishna)[59]. Around the world, these organizations have established schools, orphanages, vocational skills programs, and healthcare facilities for the needy.[60]

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As the above discussion demonstrates, faith communities that frequently disagree have this much in common: a shared moral stake and responsibility in caring for the sick and the poor. Anything less, they understand, is a denial of one's intrinsic value as a human being. They also recognize that their moral re-

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[56] *See, e.g.*, Bhagavad Gita 17.20.

[57] Anju Bhargava, *The Importance of Seva and Social Justice for Inner Transformation,* HuffPost (Feb. 19, 2011), https://www.huffpost.com/entry/hindu-aeva-and-social-jus_b_824360.

[58] *Our Approach*, Am. Hindu World Serv., https://www.ahwsngo.org/our-approach.

[59] *About Us*, Belur Math, https://belurmath.org/about-us/.

[60] Manvi Vyas, *Ramakrishna Mission: Temple of Philanthropy & a Boon for Hundreds*, New Indian Express (Nov. 5, 2023), https://www.newindianexpress.com/good-news/2023/Nov/05/ramakrishna-mission-temple-of-philanthropy--a-boon-for-hundreds-2630207.html; *Projects: Pakistan*, Am. Hindu World Serv., https://www.ahwsngo.org/pakistan.

sponsibility to the poor is not limited to providing charity but also requires recognizing and respecting the inherent dignity of each person.

B. People of many faiths are united by their commitment to the provision of healthcare to all who need it.

> *[One] should have the intent that his body be whole and strong, in order for his inner soul to be upright so that it will be able to know God. For it is impossible to understand and become knowledgeable in the wisdoms when one is starving or sick, or when one of his limbs pains him.*
>
> —*Maimonides*[61]

For faith communities across the United States, the spiritual charge to protect the underserved is inextricably intertwined with the recognition that healthcare cannot be considered a perk for the haves; the most vulnerable and least privileged in society are equally deserving of dignity in the provision of healthcare. Accordingly, each of these faith traditions emphasizes, in its own way, the central importance of the provision of healthcare to all, including those who cannot afford it privately.

The Christian commitment to healthcare—For both Protestants and Catholics, the parable of the Good Samaritan represents the paradigmatic example of God's command to care for those who are unknown and in need. This Christian tradition has long recognized an inseparable connection between faith and healing, as

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[61] Mishneh Torah, De'ot 3:3.

Jesus Christ offered free healing to all he encountered.[62]

As Pope Francis noted on World Day of the Sick in 2023, the Catholic understanding of the parable of the Good Samaritan is that people of faith are called upon to minister to the medical needs of the poor across differences in ethnicity and kinship: the "scorned" Samaritan acts when others have passed by a person in grave need.[63] The parable "suggests how the exercise of fraternity, which began as a face-to-face encounter, can be expanded into organized care. The elements of the inn, the innkeeper, the money and the promise to remain informed of the situation [] all point to the commitment of healthcare...."[64]

Thus, the commitment to one's neighbor, and the health of one's neighbor, is not and cannot be limited to those one meets on the side of the road. Instead, as Pope Francis emphasizes, Catholics are called to build *systems* in society that can provide healthcare to all who need it.[65] And they "are called to direct society to the pursuit of the common good and, with this purpose in mind, to persevere in consolidating its political and social order, its fabric of relations, its human goals."[66]

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[62] *See, e.g.*, Bishop Michael Rinehart, *Are Lutherans Pro Health Care*, Bishopmike.com (June 28, 2012), https://bishopmike.com/2012/06/28/are-lutherans-pro-health-care/.

[63] Pope Francis, *Message of His Holiness Pope Francis XXXI World Day of the Sick*, The Holy See (Feb. 11, 2023), https://www.vatican.va/content/francesco/en/messages/sick/documents/20230110-giornata-malato.html.

[64] *Id.*

[65] *Id.*

[66] Pope Francis, *Fratelli Tutti* ¶ 66 (Oct. 3, 2020), https://www.vatican.va/content/francesco/en/encyclicals/documents/papa-francesco_20201003_enciclica-fratelli-tutti.html.

Doing so is a fulfillment of the Catholic obligation to "reject the creation of a society of exclusion."[67]

Christians (Protestants and Catholics alike) have carried on Christ's mission of mercy to the sick through the tradition of religious healthcare providers, which began in the 4th century A.D. with the purpose of benefitting "the average person—as opposed to the wealthy."[68] In the centuries that followed, Christians founded and operated hospitals and healing centers for the benefit of all, following Christ's teachings to minister to the poor and afflicted—sometimes as part of broader efforts to serve the needy.[69] For example, St. Vincent de Paul Village in San Diego includes a family health center that provides integrated physical and behavioral health care, including geriatric care, pediatrics, perinatal care, vision services, dentistry, and more.[70] More broadly, Christian denominations are responsible for some of the largest and most respected hospital systems that serve the American people, rich and poor alike, acting "as a provider of last resort for uninsured and underinsured citizens."[71]

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[67] *Id.* ¶ 67; *see also* Pope Francis, *Message of His Holiness Pope Francis XXXI World Day of the Sick*.

[68] Harold Koenig et al., *Faith in the Future: Healthcare, Aging and the Role of Religion* 98 (2004).

[69] *Id.* at 98-100.

[70] *Father Joe's Villages*, Nat'l Health Care for the Homeless Council, https://nhchc.org/grantee-directory/st-vincent-de-paul-village-family-health-center/; *Making Health a Priority*, Father Joe's Vills., https://my.neighbor.org/our-solutions/making-health-a-priority/.

[71] *See, e.g.*, Marcy Doderer, *Catholic Hospitals & the Safety Net*, 13 Am. Med. Ass'n J. Ethics: Virtual Mentor 569 (2011) (internal quotation marks omitted); Peter J. Levin, *Bold Vision: Catholic Sisters and the Creation of American Hospitals*, 36 J. Cmty.

Given this legacy, it is no surprise that a substantial portion of hospitals in the United States—nearly 20% as of 2016—are religiously affiliated.[72] Many of those religious hospitals can be found in locations remote from other major medical centers,[73] which is particularly important for individuals living in the hundreds of health deserts in the United States.[74]

The Jewish commitment to healthcare—Jewish faith traditions likewise recognize the importance of healing and building community around healthcare support. Specifically, the command in Deuteronomy, "Guard yourself," has traditionally been interpreted as

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Health 343 (2011) (describing Catholic sisters' contributions toward establishing American hospitals); Mark Hagland, *Faith Based Health Systems Point the Way*, Health Progress: J. Catholic Health Ass'n U.S., Jan.-Feb. 2010, at 16, 19.

[72] Joseph Robert Fuchs et al., *Patient Perspectives on Religiously Affiliated Care in Rural and Urban Colorado*, 12 J. Primary Care Cmty. Health, Mar. 31, 2021, at 1; *see* Dallas Martin et al., *Health Disparities: Closing the Gaps Using Faith-Based Institutions*, Nat. Rural Health Ass'n, https://www.ruralhealth.us/getmedia/667be3e3-bda6-452d-a9e4-e0ed0dde38ec/2019-NRHA-Policy-Document-Health-Disparities-Closing-the-Gaps-Using-Faith-Based-Institutions.pdf; Catholic Health Association of the United States, *U.S. Catholic Health Care* (2024), https://www.chausa.org/docs/default-source/about/catholic-health-care-in-the-united-states---2024.pdf?sfvrsn=a745daf2_3.

[73] *See* Martin et al. 5-6; Julie Minda, *Rural Hospitals Explore How Best to Expand Care Access*, Catholic Health World (Sept. 15, 2022), https://www.chausa.org/publications/catholic-health-world/archive/article/september-15-2022/rural-hospitals-explore-how-best-to-expand-care-access.

[74] *See generally* Amanda Nguyen et al., *Mapping Healthcare Deserts* (2021), https://assets.ctfassets.net/4f3rgqwzdznj/1XSl43l40KXMQiJUtl0iIq/ad0070ad4534f9b5776bc2c41091c321/GoodRx_Healthcare_Deserts_White_Paper.pdf.

commanding the faithful to protect their health.[75] This passage serves as the basis for the *mitzvah*, or commandment, of *sh'mirat haguf*, which translates as the individual duty to guard the body.[76] Thus, members of the Jewish faith understand that they must take measures to guard and protect their health as a commandment from God.

But the charge to protect one's health extends beyond one's own care. The Talmud, a Jewish holy text, provides "counsel on diverse aspects of medicine and health" and even recommends settlements in "communities served by physicians."[77] Maimonides, a prolific 12th century Jewish philosopher, physician, and rabbi, listed healthcare *first* on his list of the ten essential communal services a city must offer its residents.[78] A community lacking the services of a physician is considered not well ordered, and so too is a society *with* a physician from whom the poor cannot seek treatment.[79]

Based on this exhortation, rabbis have concluded that healthcare providers must be supported in areas close to Jewish communities, so that real access to

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[75] *Deuteronomy* 4:9; Rabbi Ephraim Luntchitz of Prague, Kli Yakar on *Deuteronomy* 4:9, https://www.sefaria.org/Deuteronomy.4.9?lang=bi&with=Kli%20Yakar&lang2=bi.

[76] *What Jewish Tradition Says About Health and Wellness*, Reform Judaism, https://reformjudaism.org/jewish-perspectives-health-wellness/what-jewish-tradition-says-about-health-and-wellness.

[77] Koenig et al. 100.

[78] Mishneh Torah, De'ot 4:23.

[79] Shulhan Arukh, Yoreh De'ah 336:1 ("If [a physician] withholds [treatment] he is regarded as one who sheds blood ....").

healthcare would be readily available.[80] Additionally, in many Jewish communities, treatment of poor patients by physicians was historically subsidized with communal funds.[81]

Given the long history of self-governing Jewish communities, societal access to healthcare was crucial to prosperity.[82] And like Christian faith communities, modern-day Jewish communities have lived out these values through numerous organizations, connecting patients to providers and conducting groundbreaking medical research.[83]

In short, the religious doctrine and cultural traditions of Judaism provide a network of care, supported by the whole community, to allow individuals to exercise agency over their own health, fulfill their individual responsibility to care for their bodies' health, and

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[80] Rabbis Elliot N. Dorff & Aaron L. Mackler, *Responsibilities for the Provision of Health Care* 331 (1998) ("The community is obligated ... to assure access to all care that is needed by a patient to lead a reasonably full life.").

[81] *E.g.*, Jack Y. Vanderhoek, *Hospital Care for Jews in Nineteenth-century Amsterdam: The Emergence of the First Jewish Hospitals*, 9 Rambam Maimonides Med. J., Apr. 2018, at 2-3 (describing 17th and 18th century systems used by Jewish communities to provide communal funding for indigent medical care).

[82] *See Reform of the Health Care System*, Union for Reform Judaism, https://urj.org/what-we-believe/resolutions/reform-health-care-system.

[83] *See e.g.*, *About Us*, Jewish Healthcare Found., https://jhf.org/about-us; *About National Jewish Health*, Nat'l Jewish Health, https://www.nationaljewish.org/about-us; *Jewish Healthcare Center*, Jewish Healthcare Ctr., https://www.jhc-center.org/jewish-healthcare-center/; *Care for All*, Beth Israel Lahey Health, https://bilh.org/about/community-commitment/care-for-all.

offer services to many of the most vulnerable members of society.

The Muslim commitment to healthcare—The Muslim faith likewise recognizes not only the collective but individual right and responsibility to health and healthcare. For many Muslims, the spiritual obligation to charity (such as *zakat*) entails providing healing and aid to the sick, especially those who are underserved.[84] Indeed, the Quran specifically states, "whoever saves a life, it will be as if they saved all of humanity."[85] Many Muslims, including those who are healthcare practitioners themselves, have interpreted "their acts of giving not just in terms of an obligation to humanity, but [an] … obligation to God."[86]

In a separate passage, the Prophet Muhammad declared, "Your body has a right over you," which is typically interpreted to mean that the human being is beholden to the physical needs of the body; its foundation must be strengthened and protected both as a precaution for future illness and as a direct response to sickness.[87] From this teaching arises the "right to health, or rather, to health protection" that is at the core of

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[84] Lance D. Laird & Wendy Cadge, *Negotiating Ambivalence: The Social Power of Muslim Community-Based Health Organizations in America*, 33 PoLAR: Pol. & Legal Anthropology Rev. 225, 234 (2010).

[85] The Quran 5.32.

[86] Laird & Cadge, 33 PoLAR: Pol. & Legal Anthropology Rev. at 234.

[87] Dr. M.H. Al-Khayat, World Health Org., *Health as a Human Right in Islam* 11, 18 (2004).

Islamic tradition.[88] Importantly, this right is understood to be the converse of a personal *responsibility* to believers to protect their own health.[89]

The individual need for healthcare, and the Muslim responsibility to care for ones' health, gives rise to the communal responsibility to provide that care in a way that makes it truly accessible. The Prophet Muhammed specifically instructed followers to "make use of medical treatment, for Allah has not made a disease without appointing a remedy for it."[90] Thus, the tenets of Islam set forth the beliefs that individuals should seek medical attention and be beholden to their physical needs, and that the community must oblige to provide this care to fulfill their traditional Islamic charitable values. Here too, Muslim faith communities in the United States have put those tenets into action, establishing clinics to provide health services to the underrepresented and underinsured.[91]

The Buddhist commitment to healthcare—In Buddhist tradition, the first and foremost healer is the Buddha himself; knowledge of *Dharma* is the treatment, and all lay individuals are patients.[92] Both Buddhism and secular healthcare are concerned with the alleviation and prevention of human suffering, in mind, body, and spirit.[93]

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[88] *Id.* at 15.
[89] *Id.* at 21-23.
[90] Sunan Abu Dawood 29.1.
[91] *ICM Cares Clinic*, Islamic Ctr. of Md., https://icomd.org/icmclinic/; *Community Health Clinic*, Islamic Soc'y of Balt., https://isb.org/Services/clinic/.
[92] Sanjay Kalra et al., *Lessons for the Health-Care Practitioner from Buddhism*, 22 Indian J. Endocrin. Metab. 812, 812 (2018).
[93] *Ibid.*

Bhaisajyaguru, or the Medicine Buddha, embodies the Buddhist combination of compassion and care. *Bhaisajyaguru* is typically represented in Mahayana Buddhist texts and visually depicted as seated with his right hand raised in *vadra mudra* (the gesture symbolizing giving and compassion), and his left hand resting on a jar of medicine. The Medicine Buddha is symbolic of a utopia where universal remedies exist for every ailment and everyone.[94]

The Medicine Buddha's *sutra*, or ancient text, provides twelve vows for Supreme Enlightenment, requiring those who seek enlightenment to aid "sentient beings afflicted with various illnesses" who have "no one to help them, nowhere to turn, no physicians, no medicine" to relieve them "of all their illnesses."[95] This freedom from personal affliction, and embodying compassion and healing towards others who were rejected by society to receive aid, is crucial to achieve enlightenment and Buddhahood.[96] Accordingly, like Christian, Jewish, and Islamic faith traditions, Buddhist communities have established health centers to serve underserved communities.[97]

Given these tenets, it comes as no surprise that the current Dalai Lama (the leader of Tibetan Buddhism) advises healthcare professionals to consider their work

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[94] *Id.* at 813.

[95] Sutra of the Medicine Buddha (Seventh Great Vow), available at *Sutra of the Medicine Buddha* 21 (Minh Thanh & P.D. Leigh trans., 2001).

[96] *Sutra of the Medicine Buddha* xv.

[97] *See, e.g.*, *Who We Are*, Tzu Chi Med. Found., https://tzuchimedical.us/who-we-are(describing mobile health clinics that deliver free vision, medical, and dental care).

as "something sacred, as akin to spiritual service."[98] The teachings of the Dalai Lama prioritize compassion in healthcare, for "patients' feelings make a difference to the quality and completeness of their recovery."[99] Putting the patient first, and not just the care itself but the experience of receiving it, is central to the holistic healing process Buddhism supports.

The Hindu commitment to healthcare—The Hindu tradition emphasizes the importance of medical care of all kinds, and its essential nature. The Hindu Vedas and other sacred Hindu texts are themselves integrally connected with Hindus' health teachings and practice.[100] These writings have inspired millennia of Vedic traditions, as well as the historic practices of yoga and Ayurveda—a traditional medicine system. Hindus attribute *Dhanvantari*, the God of Medicine and physician of the Devas, as the creator of Ayurveda and will pray to him to receive healing.[101] Given the Hindu emphasis on charity, benevolence, and accumulating beneficial karma, these practices continue to be

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[98] *Compassion in Healthcare*, The Off. of His Holiness the Dalai Lama (July 7, 2021), https://www.dalailama.com/news/2021/compassion-in-healthcare.

[99] Tenzin Gyatso, the 14th Dalai Lama, *Compassion and the Individual*, The Off. of His Holiness the Dalai Lama, https://www.dalailama.com/messages/compassion-and-human-values/compassion.

[100] *See, e.g.*, Yajurveda 3.17 ("O adorable Lord; you are protector of bodies; protect my body. O Lord, you are bestower of long life; bestow long life on me."), https://archive.org/details/yajurveda-english-translation/page/n17/mode/2up; 1 Rigveda 117.7, 19 (discussing healing), https://sacred-texts.com/hin/rigveda/rv01117.htm; 7 Rigveda 50.2 (discussing guinea worm disease), https://sacred-texts.com/hin/rigveda/rv07050.htm.

[101] David Frawley, *Soma in Yoga and Ayurveda: The Power of Rejuvenation and Immortality* 287-88 (2012).

shared by practitioners throughout the world in the pursuit of sharing health and spiritual guidance.[102]

These shared tenets are precisely why *amici* have joined forces, united by their shared religious tenets to serve and to heal those in need. These doctrines are core to *amici*'s ministries. This commitment crosses denominational difference, and importantly, it also crosses the divide between wealth and poverty. The faiths of *amici* teach that people deserve healthcare not because they can afford it, but because they are people.

II. The Medicaid Act was enacted based on the principles of human dignity and autonomy that are core to faith-based traditions.

On July 30, 1965, President Lyndon B. Johnson signed into law the Medicare and Medicaid Acts, also known as the Social Security Amendments of 1965. *See* Pub. L. No. 89-97, 79 Stat. 286. This landmark legislation established Medicare, a health insurance program for the elderly, and Medicaid, a health insurance program for people with limited income. Each program represented a moral commitment by the United States to provide healthcare coverage to those who would not otherwise be able to afford it.

In Medicaid, Congress created a legal framework that upholds individuals' rights to access qualified healthcare providers and select their own healthcare

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[102] *See generally Yoga in Transformation: Historical and Contemporary Perspectives* (Karl Baier, Philipp Andre Maas & Karin Preisendanz eds., 2018); *Modern and Global Ayurveda: Pluralism and Paradigms* (Dagmar Wujastyk & Frederick M. Smith eds., 2008).

provider. The free-choice-of-provider provision represents the culmination of years of congressional debate. In those debates, faith leaders like Msgr. Lawrence Corcoran of the National Conference of Catholic Charities told Congress that "[w]e … strongly support the emphasis given to the concept of freedom of choice for an individual eligible for medical assistance."[103]

Just like the faith traditions of the *amici* coalition described above, Congress recognized the equal dignity and respect deserved by those who cannot provide for themselves in creating Medicaid. As the Fourth Circuit's decision explained, Medicaid provides

> 'medical assistance on behalf of families with dependent children and of aged, blind, or disabled individuals, whose income and resources are insufficient to meet the costs of necessary medical services.' It does so via a partnership with the states, offering 'federal financial assistance to States that choose to reimburse certain costs of medical treatment for needy persons.'

Pet. App. 5a (quoting 42 U.S.C. § 1396-1 and *Harris v. McRae*, 448 U.S. 297, 301 (1980)).

Initially, the Social Security Amendments of 1965 guaranteed a free choice of provider only to Medicare patients. Pub. L. No. 89-97, 79 Stat. 286. However, this provision laid the groundwork for subsequent legislative protections for Medicaid patients, with the support of faith leaders.[104]

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[103] *President's Proposals for Revision in the Social Security System: Hearing on H.R. 5710 before the H. Comm. on Ways and Means*, 90th Cong. 1822 (1967) ("House Hearings").
[104] House Hearings at 1822.

From the outset, members of Congress recognized the significance of enshrining the right to choose one's healthcare provider into law. Senator John Williams (R-Del.) emphasized that: "[t]he choice of one's own doctor and other provider of health services is a right which should be enjoyed by all Americans," including those individuals covered by Medicaid.[105] Section 1802 of the Medicare Act outlines the legislative commitment to patient choice in Medicare:

> FREE CHOICE BY PATIENT GUARANTEED … Any individual entitled to insurance benefits under this title may obtain health services from any institution … qualified to participate under this title if such institution … undertakes to provide him such services.

Pub. L. No. 89-97, 79 Stat. 286.

By 1967, some states had restricted Medicaid patients' choice of provider.[106] As a direct response to these state practices, Congress established a federal free-choice-of-provider provision for Medicaid patients in 1967 just as it had previously done for Medicare patients, using virtually identical language:

> FREE CHOICE BY INDIVIDUALS ELIGIBLE FOR MEDICAL ASSISTANCE … any individual eligible for medical assistance (including drugs) may obtain such assistance from any institution, … qualified to perform the service or services required …, who undertakes to provide him such services.

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[105] 111 Cong. Rec. 15791 (1965).
[106] House Hearings at 2301.

Pub. L. No. 90-248 § 227, 81 Stat. 821, 903-904.

By creating this individual right to Medicare recipients, Congress therefore recognized the deeply personal nature of choosing a healthcare provider—and the *individual* right that it was bestowing upon Medicaid patients. Indeed, the American Medical Association testified that the omission of free-choice-of-provider protection "made 'second class' patients" of Medicaid beneficiaries, and endorsed the correction of the error.[107] Likewise, echoing the ecumenical moral imperative of free choice of medical provider for all, the Ohio State Medical Association stated unequivocally:

> Adoption of [the free-choice-of-provider provision] is essential. It is unethical for a physician to participate in any arrangement that denies free choice of physician on the part of the individual. Therefore, absolute free choice must be provided if the [Medicaid] program is to be construed as ethical.[108]

As the Fourth Circuit's decision explains, recognizing a private right of action under § 1983 to enforce the individual right of Medicaid recipients to a free choice of provider is consistent with both the statute and this Court's precedents. Pet. App. 24a-25a. In *Talevski*, this Court reaffirmed that "§ 1983 can presumptively be used to enforce unambiguously conferred federal individual rights." *Health & Hosp. Corp. of Marion Cnty. v. Talevski*, 599 U.S. 166, 172 (2023). With or without the word "right" in the text of § 1396a (*see* Resp't Br. 25-29; *cf.* Pet. Br. 17-33), Congress's decision to secure

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[107] House Hearings at 1663 (statement of Dr. Charles L. Hudson, President, Am. Med. Ass'n).

[108] House Hearings at 1686.

to *individuals* insured by Medicaid a free choice in their provider is unmistakable. Pet. App. 25a-26a; 28a-29a.

Accordingly, the free-choice-of-provider provision is "the sort of 'individual entitlement' that is enforceable under § 1983." *Gonzaga Univ. v. Doe*, 536 U.S. 273, 287 (2002). Nothing in § 1396a (or its parallel provision in the Medicare Act, § 1395a), reflects "an 'aggregate' focus" like the statute at issue in *Gonzaga*. 536 U.S. at 288. Instead, like the statutes at issue in *Talevski*, the free-choice-of-provider provisions are directed to "any *individual* eligible for medical assistance" and the right to choose any qualified provider "who undertakes to provide *him* such services." 42 U.S.C. § 1396a(23) (emphases added).

Congress' focus on the individual in the free-choice-of-provider provision is consistent with the moral values embodied in the many faith traditions of Americans (and members of Congress) across the political spectrum. To be sure, Congress could have written a Medicaid statute that required the needy to accept healthcare from providers chosen by the state, placing Medicaid recipients at the mercy of their state governments in trying to seek the care they needed. Instead, precisely as a response to states attempting to do exactly that, Congress enacted legislation ensuring that the poor who are covered by Medicaid are still individuals, with the full legal right to decide what kind of healthcare they need and in what circumstances they will obtain it. The free-choice-of-provider provision affords allowed Medicaid recipients the equal dignity of choosing their doctor, rather than having their pro-

vider chosen for them by their government. This guarantee of individual rights reflects the full personhood of Medicaid recipients.

A. A ruling for Petitioners would enable arbitrary policies to interrupt patient care.

Medicaid represents a statutory commitment to the health and dignity of the poor. Denying patients a right to enforce the free-choice-of-provider provision would be contrary to the moral obligations of society, including the moral commitments of faith communities across the United States. Worse yet, it would expose the neediest in society to the arbitrary whims of politicians, who could manipulate the availability of healthcare providers to score cheap political points.

Here, South Carolina politicians deemed competent healthcare providers not "qualified" because of a policy disagreement with treatments that have nothing to do with Medicaid—indeed, that *cannot be reimbursed using Medicaid funds*. But if patients have no ability to vindicate their free-choice-of-provider rights, there is nothing that would stop other politicians from using Medicaid patients as pawns to advance their preferred policy goals regarding firearms, climate change, or anything else—particularly when state politics make it difficult to achieve those objectives through legislative enactments.

A governor could, for example, deem healthcare providers not "qualified" for Medicaid if they choose to allow firearms on the premises; if they offer only gender-segregated restrooms; if they do not use energy-efficient appliances or renewable sources of energy; or if

they refuse to require all patients to obtain vaccinations for COVID-19 in order to receive services. If petitioner's view prevails, Medicaid patients who, by statute, are *guaranteed* the right to choose their provider would nevertheless have no avenue to challenge a public policy decision that would disrupt their relationship with their healthcare providers and, in some cases, prevent them from obtaining the care they need.

Healthcare needs are among the most important individuals face, and it is not merely contrary to federal law to subordinate individuals' choice of healthcare provider to other policy aims—it is also morally wrong. *Amici* believe in a moral obligation to provide healing and care to all, rooted in the recognition of their human dignity. Human dignity is denied where individuals' ability to guide the course of their care could be derailed by these types of political contrivances. An individual who relies on Medicaid for healthcare should not be disenfranchised from their right to freely choose a provider just because of political whims.

The practices and traditions of faith communities honor the sanctity of human dignity and the necessity of equitable healthcare access for all. Interference with these core religious principles for the sake of politics impedes grossly on the moral obligations of our society. To say that we as a society place greater value on the current policy agendas of state governments, which can shift at any moment, than on the right of our country's most vulnerable to receive the care of their choosing would be to declare moral bankruptcy, not to mention violate the freedom protected by the law, including § 1396a. Section 1983 presumptively protects all rights secured by Federal law, including

the right not to have one's right to choose their healthcare provider yanked away due to the policy-making fads of the day in particular states. This Court should not render individuals covered by Medicaid voiceless in protecting their right to freely choose their provider. *Amici* urge the Court to affirm.

CONCLUSION

The judgment of the court of appeals should be affirmed.

Respectfully submitted.

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