What Amici Have to Tell the Court: *Medina v. Planned Parenthood South Atlantic*, by Tarj Patel, CRHLP Legal Extern

On April 2, 2025, the United States Supreme Court heard oral arguments in *Medina v. Planned Parenthood South Atlantic*, a case that—depending on how the Court rules—could have outsized impact on the availability of essential reproductive and other health care for the most vulnerable communities within South Carolina and nationwide. In *Medina,* Planned Parenthood South Atlantic challenged the South Carolina Governor's executive order preventing people who rely on Medicaid from accessing covered health care at their clinics in the state. Although this case raises a narrow legal question—whether Medicaid beneficiaries can sue in federal courts to enforce the Medicaid Act's "free-choice of provider" provision—much more is at stake.

At oral argument, questions about congressional intent and statutory interpretation dominated, but before the court were also the voices of hundreds of amici curiae— also known as friends of the court—who wrote briefs in support of Respondent Planned Parenthood to emphasize the real-world impacts of the outcome in this case. These voices on behalf of the most impacted communities, often not seen in the courtroom or heard at argument, offer critical insight on the reasons Medicaid—and the right of people who rely on it to select their preferred providers for essential health care—is critical to the health and well-being of systemically disadvantaged communities.

As argued in a brief filed by eighteen organizations dedicated to advancing reproductive rights, health, and justice, the health care system has already diminished the trust of communities of color due to racial and ethnic biases and historically oppressive practices such as forced sterilization. Allowing an individual to choose a provider they feel comfortable with and that addresses their individual needs is essential in protecting bodily autonomy and agency. And, as highlighted in another amicus brief, this is especially urgent in South Carolina, a state with "staggeringly large maternal and contraceptive deserts." South Carolina's actions will impose significant health care barriers for women, low-income individuals, communities of color, LGBTQ+ people, and others disenfranchised groups that disproportionately rely on Medicaid coverage for essential health care, including wellness and preventative care, cancer screenings, contraceptive services, full options pregnancy counseling, prenatal care, and STD and STI testing and treatment. Indeed, as amici emphasize, Medicaid participants from marginalized groups often choose Planned Parenthood as their qualified provider because they provide them with culturally competent, dignified, high quality care they trust. The amici further showed how eliminating Planned Parenthood as a provider under Medicaid would likely exacerbate existing disparities and runs contrary to evidence-based policies that are known to support

women's and children's health and wellbeing. Multiple other amicus briefs, including from South Carolina healthcare experts and local government officials nationwide raise related concerns. Collectively, amici demonstrate why the ability to sue in federal court "provide[s] a critical avenue for communities of color and populations that have been systematically disenfranchised by political and legal systems to seek redress."

In contrast, an attorney for the conservative legal advocacy group Alliance Defending Freedom—who served as counsel for South Carolina—argued that because the relevant provision did not employ specific words for its "rights-creating language," (terms like "right," "entitlement", "privilege", or "immunity,") and no alternative remedy had been pursued, individuals could not sue in federal court if the state failed to comply with the provision. The federal government backed this argument at argument despite taking the opposite position for the past twenty years. In response, counsel for Planned Parenthood Southern Atlantic argued that the governor's order is a direct violation of the provision's "mandatory, individual-centric, rights-creating language" and there is no alternative federal remedy that specifically allows injured individuals to sue to enforce this right. In addition, counsel emphasized that Congress's intent in enacting the provision was to combat artificial state-imposed limitations on health care and that conferring this enforceable right to individuals was important to prevent states from imposing limitations unrelated to medical qualifications, like being an abortion provider, as South Carolina sought to do. As Justice Sotomayor noted, it would be "odd" that the federal government would advance a position that made withholding Medicaid money from non-complying states and thereby depriving thousands of other Medicaid recipients of coverage, the only remedy.

The evidence presented in the amicus briefs, along with these arguments at Court, demonstrate why the stakes are so high: If the Court decides that the provision confers no actionable right for individuals, other states may follow in South Carolina's footsteps to likewise limit health care options for Medicaid recipients—for a multitude of political or ideological reasons unrelated to quality of care. As amicus the American College of Obstetricians and Gynecologists warns, states arbitrarily excluding qualified providers from their state's Medicaid plan would be devastating to public health across the country. By "overwhelm[ing] a system already stretched thin," they warn, we can expect to see more outcomes like the unprecedented HIV outbreak in Indiana and the rapid increase in maternal mortality in Texas following the enactment of similar policies.

The Court is expected to issue a ruling by the end of the term in June 2025.