

**Nos. 25-1698, 25-1755**

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**In the United States Court of Appeals  
for the First Circuit**

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**PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.;  
PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS;  
PLANNED PARENTHOOD ASSOCIATION OF UTAH,**  
*Plaintiffs-Appellees,*

**v.**

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

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**On Appeal from the United States District Court  
for the District of Massachusetts**

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**Brief of Connecticut, California, New York, Colorado, Delaware,  
Hawai'i, Illinois, Maine, Maryland, Massachusetts, Michigan,  
Minnesota, Nevada, New Jersey, New Mexico, North Carolina,  
Oregon, Rhode Island, Vermont, Washington and the District of  
Columbia, as Amici Curiae in Support of Plaintiffs-Appellees  
and Affirmance**

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## INTRODUCTION AND INTERESTS OF AMICI

Amici States of Connecticut, California, New York, Colorado, Delaware, Hawai'i, Illinois, Maine, Maryland, Massachusetts, Michigan, Minnesota, Nevada, New Jersey, New Mexico, North Carolina, Oregon, Rhode Island, Vermont, Washington and the District of Columbia submit this brief in support of appellees Planned Parenthood Federation of America and its member health centers ("Planned Parenthood"). Planned Parenthood appellees challenge a federal statutory provision that targets them for exercising their rights under the First Amendment of the United States Constitution to freely associate and to advocate for reproductive choice and abortion access. The challenged provision punishes Planned Parenthood for exercising these constitutionally protected rights by depriving Planned Parenthood health centers of *all* federal Medicaid reimbursements ("Defund Provision"). *See* One Big Beautiful Bill Act, Pub. L. No. 119-21, § 71113, 139 Stat. 72, 300-01 (2025).

In the orders on appeal, the United States District Court for the District of Massachusetts (Talwani, J.) preliminarily enjoined enforcement of the Defund Provision against Planned Parenthood. The

district court determined that Planned Parenthood had shown (i) a substantial likelihood of success on the merits of its constitutional claims, (ii) an imminent threat of irreparable injury, and (iii) that the balance of the equities and public interest warranted preliminary injunctive relief.

Amici States support Planned Parenthood on all the issues in this appeal and submit this brief to underscore that the balance of the equities and the public interest tip overwhelmingly in favor of affirming the preliminary injunctive relief. Amici States have strong interests in this matter because, if allowed to fully go into effect, the Defund Provision will cause severe harm to patients and public health in amici States' jurisdictions, as well as to amici States' public fisci.<sup>1</sup>

Planned Parenthood health centers are a substantial and critical part of amici States' healthcare infrastructure, providing essential and

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<sup>1</sup> Amici States filed a separate lawsuit seeking to enjoin enforcement of the Defund Provision. See Compl. at 77, *California v. United States Dep't of Health & Human Servs.*, No. 1:25-cv-12118 (D. Mass. July 29, 2025), ECF No. 63 ("*California* Compl."). In September 2025, amici States filed a motion for a preliminary injunction, which is pending in the district court. See Pl. States' Mot. for a Prelim. Inj., *California v. United States Dep't of Health & Human Servs.*, No. 1:25-cv-12118 (D. Mass. Sept. 24, 2025), ECF No. 60.

lifesaving care to millions of patients in amici States—including cancer screenings, testing and treatment related to sexually transmitted infections (STIs), and family planning services. Moreover, amici States rely heavily on Planned Parenthood health centers to provide essential healthcare services to low-income Medicaid patients and to patients living in rural and underserved areas.

If enforcement of the Defund Provision is not preliminarily enjoined, many Planned Parenthood health centers will be forced to restrict the services that they can provide or to close altogether. Indeed, the Defund Provision could force nearly two hundred Planned Parenthood health centers to close and more than a million patients to lose access to care, substantially harming public health in amici States' jurisdictions. (*See* Appendix (A.) 185.)<sup>2</sup> Patients in underserved areas

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<sup>2</sup> *See also* Planned Parenthood, Press Release, *Planned Parenthood Federation of America, Planned Parenthood League of Massachusetts, and Planned Parenthood Association of Utah Sue Over Congressional Action “Defunding” Planned Parenthood Health Centers* (July 7, 2025), <https://www.plannedparenthood.org/about-us/newsroom/press-releases/planned-parenthood-federation-of-america-planned-parenthood-league-of-massachusetts-and-planned-parenthood->

(continued on the next page)

may no longer have access to any provider of essential sexual and reproductive healthcare services. In other areas, the remaining providers may not accept Medicaid patients and, even if they do, are unlikely to have the capacity to treat the many patients who previously received care at Planned Parenthood health centers. Faced with such barriers to accessing care, patients will suffer worse health outcomes, and amici States will incur the higher costs associated with treating severe health conditions that could have been prevented or treated at lower cost if they had been detected earlier.

Amici States cannot easily or immediately appropriate state funds to compensate for the total loss of federal Medicaid reimbursements to Planned Parenthood providers under the Defund Provision to prevent these serious harms to public health. Many amici States are unlikely to have the resources to fully make up for the lost federal Medicaid funds—particularly when States are facing unexpected and unprecedented levels of other federal funding cuts. And even if some amici States can devote

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sufficient state funds to at least partially make up for the losses caused by the Defund Provision, they must do so by diverting resources from other important state programs—which harms the public interest.

## **ARGUMENT**

Absent a preliminary injunction, the Defund Provision will severely harm amici States and the public interest.

### **I. PLANNED PARENTHOOD HEALTH CENTERS PROVIDE ESSENTIAL CARE FOR MILLIONS OF PATIENTS AND ARE INTEGRAL TO AMICI STATES’ MEDICAID PROGRAMS AND HEALTHCARE INFRASTRUCTURE.**

Planned Parenthood health centers have operated in the United States for decades, providing patients with many essential healthcare services, including cancer screening and prevention services; testing and treatment for STIs; family planning and other reproductive health services; and primary care services. (*See* A. 115, 124, 231.) Before the Defund Provision was enacted, Planned Parenthood had nearly six hundred health centers nationwide, which served millions of patients every year. (A. 114, 174.) Taken together, Planned Parenthood’s health

centers are the largest provider of sexual and reproductive healthcare in the United States. (A. 174.)

Planned Parenthood health centers provide critical and lifesaving care to patients nationwide.<sup>3</sup> In fiscal year 2023 to 2024, Planned Parenthood health centers provided more than 425,000 cancer screening and prevention services, including breast care services; tests to detect cervical cancer; vaccinations for the human papillomavirus (HPV), which can result in cervical cancer; and other cancer diagnostic procedures. That same year, Planned Parenthood health centers provided more than 2.2 million contraceptive services and more than 5.1 million tests and treatments for STIs, some of which can result in cancer or even death. In addition, Planned Parenthood health centers provided more than 1.2 million other health services, including primary care visits, pregnancy tests, and prenatal services. Of the approximately 9.45 million services

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<sup>3</sup> Kinsey Hasstedt, *Understanding Planned Parenthood's Critical Role in the Nation's Family Planning Safety Net*, 20 Guttmacher Pol'y Rev. 12, 14 (2007), [https://www.guttmacher.org/sites/default/files/article\\_files/gpr2001216.pdf](https://www.guttmacher.org/sites/default/files/article_files/gpr2001216.pdf)

provided to patients in 2023, Planned Parenthood health centers provided approximately 400,000 abortion services—constituting approximately four percent of the total services provided by Planned Parenthood health centers that year.<sup>4</sup> (A. 129.) Such abortion services are not funded by federal monies (except in very narrow circumstances) and are not at issue in this case. *See Consolidated Appropriations Act, 2024*, Pub. L. No. 118-47, div. D, §§ 506-507, 128 Stat. 460, 703 (recodifying the Hyde Amendment prohibiting use of federal funds for abortion except in the case of rape, incest, or to save the life of the pregnant person).

Planned Parenthood health centers provide services that are not only essential for patient health but also high in quality. Planned Parenthood health centers have expertise and specialization in family planning and evidence-based practices and thus are often the top choice for patients seeking high-quality sexual and reproductive healthcare. (A. 129.) For example, compared to other providers, Planned Parenthood

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<sup>4</sup> *See Planned Parenthood Federation of America, A Force for Hope, Planned Parenthood Annual Report 2023-2024*, 23 (2024), [https://www.plannedparenthood.org/uploads/filer\\_public/21/02/2102bd3b-92cc-405a-8abd-0cf144a88846/2024-ppfa-annualreport-c3-digital.pdf](https://www.plannedparenthood.org/uploads/filer_public/21/02/2102bd3b-92cc-405a-8abd-0cf144a88846/2024-ppfa-annualreport-c3-digital.pdf).

health centers are more likely to offer a wide range of contraceptive methods, including twelve-month supplies of oral contraceptive pills and same-day insertion of an intrauterine device or contraceptive implant. They are also more likely than other providers to offer cervical cancer screenings and treatment of precancerous lesions, HPV vaccinations, and medication to prevent and treat STIs.<sup>5</sup>

Planned Parenthood health centers are especially crucial for patients living in rural and underserved areas. Importantly, 74% of Planned Parenthood health centers are located in rural and other underserved areas to help ensure that patients living in those areas can access essential sexual and reproductive healthcare services. (A. 131.) For example, many of Planned Parenthood’s health centers in California are intentionally located in places where there are shortages of adequate healthcare resources to meet patient needs, including in rural parts of the State’s Central Coast and Central Valley. (A. 231; *see* A. 241, 247.) As

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<sup>5</sup> *See* Decl. of Megan L. Kavanaugh ¶¶ 34-37, *California v. United States Dep’t of Health & Human Servs.*, No. 1:25-cv-12118 (D. Mass. Sept. 24, 2025), ECF No. 62-5 (“Kavanaugh Decl.”).

another example, many rural and underserved areas in North Carolina have access to Planned Parenthood health centers but otherwise have limited options for patients seeking vital reproductive healthcare services.<sup>6</sup>

Planned Parenthood health centers are also particularly critical for patients enrolled in state Medicaid programs. Medicaid is a jointly funded federal-state program administered by the States to furnish medical assistance to low-income individuals, including more than 75 million children, pregnant individuals, families, adults without children, seniors, and people with disabilities. *See* 42 U.S.C. § 1396a; 42 C.F.R. § 430.0.<sup>7</sup> State Medicaid programs cover several broad categories of benefits and services, including family planning services, physician services, nurse-midwife services, nurse-practitioner services, and

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<sup>6</sup> Decl. of Melanie Bush ¶¶ 18-21, *California v. United States Dep't of Health & Human Servs.*, No. 1:25-cv-12118 (D. Mass. Sept. 24, 2025), ECF No. 62-17 (“Bush Decl.”).

<sup>7</sup> *See also* U.S. Centers for Medicare & Medicaid Serv., *June 2025 Medicaid & CHIP Enrollment Data Highlights*, <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights> (last visited Oct. 14, 2025).

laboratory and x-ray services. 42 U.S.C. §§ 1396a(a)(10), 1396d(a)(3)-(5), (17), (21). State Medicaid programs do not use federal funds for abortion services (absent the previously cited narrow exceptions). (A. 116.) The federal government reimburses state Medicaid programs between fifty and ninety percent of the cost of covered services for Medicaid patients.<sup>8</sup>

Unlike many other healthcare providers, Planned Parenthood health centers accept Medicaid patients. In general, providers can choose which health insurances to accept and are not required to participate in Medicaid.<sup>9</sup> Because Medicaid has a lower reimbursement rate than many other types of insurance, providers often decline to accept Medicaid patients and instead take other patients (such as those who have private

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<sup>8</sup> See Alison Mitchell, Cong. Research Serv., R43847, *Medicaid's Federal Medical Assistance Percentage (FMAP)*, 2, 10 (2025), available at [https://www.congress.gov/crs\\_external\\_products/R/PDF/R43847/R43847.13.pdf](https://www.congress.gov/crs_external_products/R/PDF/R43847/R43847.13.pdf).

<sup>9</sup> Steven B. Spivack et al., *Avoiding Medicaid: Characteristics of Primary Care Practices With No Medicaid Revenue*, 40 Health Affairs 98 (2021), <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2020.00100>.

insurance) to increase revenue.<sup>10</sup> By contrast, Planned Parenthood health centers do not refuse Medicaid patients or restrict the number of Medicaid patients accepted. (See A. 132-133; *see also* A. 126.) Indeed, more than half of Planned Parenthood's patients receive care through Medicaid. (A. 133.) And, as previously discussed, nearly three-quarters of Planned Parenthood health centers are located in rural and other underserved areas, where many Medicaid patients reside. (A. 131, 133.) Planned Parenthood health centers are the only providers of such essential reproductive health care in some underserved areas and are thus critical for both Medicaid and non-Medicaid patients. (See A. 118, 129, 145, 186.)

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<sup>10</sup> Medicaid & CHIP Payment & Access Comm'n, *Fact Sheet: Physician Acceptance of New Medicaid Patients: Findings from the National Electronic Health Records Survey* (2021), <https://www.macpac.gov/wp-content/uploads/2021/06/Physician-Acceptance-of-New-Medicaid-Patients-Findings-from-the-National-Electronic-Health-Records-Survey.pdf>.

## II. THE DEFUND PROVISION WILL FORCE PLANNED PARENTHOOD HEALTH CENTERS TO CLOSE OR RESTRICT SERVICES, CAUSE PATIENTS TO LOSE ESSENTIAL CARE, AND IMPOSE LONG-TERM COSTS ON AMICI STATES AND PUBLIC HEALTH.

The Defund Provision bars federal Medicaid funds from being “used to make payments” to a “prohibited entity” “for items and services furnished” during the one-year period beginning July 4, 2025. *See* 139 Stat. 72, 300 (2025). By setting a monetary revenue threshold, the definition of “prohibited entity” is designed to capture the largest Medicaid providers of “family planning services, reproductive health, and related medical care,” *see id.*—namely, Planned Parenthood health centers (plus a few other providers incidentally swept into that definition). (*See* A. 31-33.) The Defund Provision will therefore deprive Planned Parenthood health centers of the federal share of Medicaid reimbursements, which ranges from 50% to 90% for covered services (with family planning services typically qualifying for a 90% federal reimbursement).<sup>11</sup>

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<sup>11</sup> *See* Kavanaugh Decl. ¶ 42.

This loss of federal funding will force many Planned Parenthood health centers to restrict services to Medicaid patients or to close altogether, harming both Medicaid and non-Medicaid patients and damaging amici States' healthcare ecosystems. As reported by Planned Parenthood, the Defund Provision risks the closure of nearly two hundred Planned Parenthood health centers, which could cause more than 1.1 million patients to lose access to care.<sup>12</sup> Indeed, one Planned Parenthood member in California has already announced the closure of five of its health centers.<sup>13</sup> (*See* A. 148.) Several more Planned Parenthood health centers recently closed in underserved rural counties in Minnesota.<sup>14</sup> And Planned Parenthood has confirmed that the Defund Provision is already forcing member health centers to turn away Medicaid patients, and that

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<sup>12</sup> *See California* Compl. ¶ 163.

<sup>13</sup> *See id.* ¶ 164.

<sup>14</sup> *See* Decl. of Noya Woodrich ¶ 9, *California v. United States Dep't of Health & Human Servs.*, No. 1:25-cv-12118 (D. Mass. Sept. 24, 2025), ECF No. 62-16; *see also* MPR News Staff & The Associated Press, *Planned Parenthood announces it will close 4 clinics in Minnesota*, MPR News (last updated May 24, 2025, 10:12 AM), <https://www.mprnews.org/story/2025/05/23/four-planned-parenthood-clinics-to-close-in-minnesota>.

health centers will need to severely curtail the services provided to low-income Medicaid patients.<sup>15</sup> (A. 170, 183.)

As a result of such closures and restrictions on care, huge swathes of Medicaid patients in amici States will likely experience severe restrictions on, or a total loss of access to, essential reproductive healthcare. Planned Parenthood health centers are often the largest provider of sexual and reproductive healthcare for Medicaid patients in amici States. (See A. 231.) Planned Parenthood health centers serve tens or even hundreds of thousands of Medicaid patients in many amici

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<sup>15</sup> As additional examples, Planned Parenthood has now closed all health centers in Louisiana. See Gray Louisiana, *Planned Parenthood shuts down all operations in Louisiana after 40 years*, Fox8 Local First (Sept. 30, 2025 1:04 PM), <https://www.fox8live.com/2025/09/30/planned-parenthood-shuts-down-all-operations-louisiana-after-40-years/>. And in Ohio, Planned Parenthood has closed several health centers and drastically cut services to Medicaid patients. See Dominique O'Neill, *Ohio Planned Parenthood clinics face challenges amid funding cuts, impacting thousands of patients*, WTOL11 (Oct. 5, 2025 12:00 AM), <https://www.wtol.com/article/news/local/ohio-planned-parenthood-clinics-face-challenges-amid-funding-cuts-impacting-thousands-of-patients/512-3609d92a-64fc-4b9f-a519-ab7104d491bf>; Annie Goldman, *'Heartbreaking Decision': Planned Parenthood to close 2 SW Ohio clinics*, Cincinnati Enquirer (last updated July 18, 2025 8:04 AM), <https://www.cincinnati.com/story/news/politics/2025/07/17/planned-parenthood-closing-two-locations/85257112007/>.

States, including California, New York, Minnesota, New Jersey, and Oregon.<sup>16</sup> According to recent estimates, Planned Parenthood health centers served up to 72% of all Medicaid patients who sought sexual and reproductive healthcare in amici States. In eight of the amici States, Planned Parenthood health centers served at least half of the State's publicly supported sexual and reproductive healthcare patients: California (49%), Connecticut (72%), Minnesota (66%), New Jersey (58%), Oregon (57%), Vermont (68%), Washington (59%), and Wisconsin (59%).<sup>17</sup>

In amici States, the restriction or total loss of care at Planned Parenthood health centers will be particularly acute in rural and other underserved areas, where Planned Parenthood is often one of few or the only provider of sexual and reproductive healthcare services. If the Defund Provision is not preliminarily enjoined, many Planned Parenthood centers in such areas will be forced to close or restrict services, thereby causing both Medicaid and non-Medicaid patients to lose the only nearby provider of sexual and reproductive healthcare

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<sup>16</sup> See *California* Compl. ¶¶ 59, 173-174, 179, 183.

<sup>17</sup> See *Kavanaugh* Decl. ¶ 31.

services.<sup>18</sup> As a result, patients will be required to travel long distances to access a provider or to forgo critical healthcare altogether. (See A. 118, 132.)<sup>19</sup> For example, one California Planned Parenthood member has estimated that up to 80% of its current patients will not be able to access other healthcare providers if that member is forced to close its health centers or restrict the services it provides.<sup>20</sup>

Other providers do not have the capacity to handle the high volume of patients treated at Planned Parenthood health centers and thus will not be able to provide care for all patients who need it. Estimates indicate that, if Planned Parenthood health centers were to close, alternative providers would have to increase their caseloads by 28% to more than

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<sup>18</sup> Kaitlin Sullivan, *Planned Parenthood clinics provide basic health care. If they close, where will many women go?*, NBC News (June 6, 2025), <https://www.nbcnews.com/health/womens-health/planned-parenthood-provides-basic-health-care-clinics-close-will-many-rcna210757>.

<sup>19</sup> See also Suzanne Blake, *Medicaid Patients Are Losing Their Doctors Because of Costs*, Newsweek (July 19, 2024), <https://www.newsweek.com/medicaid-patients-are-losing-doctors-because-costs-1927849>.

<sup>20</sup> See *California* Compl. ¶ 163.

100% of their current levels to absorb Planned Parenthood's patients.<sup>21</sup> Many smaller health centers may decline to accept Medicaid patients at all or restrict the number of Medicaid patients they accept due to revenue concerns. (*See* A. 132.) Even for patients who manage to successfully find another provider that has capacity and agrees to treat them, these patients will not necessarily be able to access the same high-quality and comprehensive care provided at Planned Parenthood health centers.<sup>22</sup> (*See also* A. 129.)

Indeed, case studies show that, without Planned Parenthood health centers, many patients are likely to forgo preventative care and treatment—causing severe harms to patients, public health, and amici States. For example, Iowa experienced various public health harms after it excluded Planned Parenthood from Iowa's Medicaid program. Studies reported an 86% decline in low-income patients served within Iowa's family planning program, and a 52% increase in patients who did not receive any sexual and reproductive healthcare for two years. Iowa also

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<sup>21</sup> *See* Kavanaugh Decl. ¶¶ 43-44.

<sup>22</sup> *See* Kavanaugh Decl. ¶¶ 34-37.

saw spikes in cases of gonorrhea, chlamydia, and syphilis.<sup>23</sup> Similarly, when Texas excluded Planned Parenthood from Texas’s Medicaid program, patients had to pay more for contraceptive services, and there was both a significant decrease in the use of long-acting contraception and a concomitant increase in Medicaid-covered childbirths.<sup>24</sup> And when Indiana blocked federal funding to Planned Parenthood for STI prevention, five Planned Parenthood health centers closed. One of the closed centers was located in a county that then experienced an unprecedented HIV outbreak—which prompted the governor to declare a public health emergency. (A. 190; *see also* A. 189-190 (recounting similar adverse public health consequences in States that restricted Planned Parenthood funding).)

The anticipated loss of Planned Parenthood health centers and decrease in preventative care for Medicaid patients caused by the Defund Provision will also increase both the short- and long-term healthcare

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<sup>23</sup> *See id.* ¶¶ 47, 56.

<sup>24</sup> *See id.* ¶ 50.

costs imposed on amici States' Medicaid programs.<sup>25</sup> For example, cancer screenings and other preventative treatments are usually much less expensive—and result in far better health outcomes for patients—than later-stage cancer treatments.<sup>26</sup> Likewise, prevention or early detection of STIs is much less expensive for state Medicaid programs than leaving STIs untreated, which can result in numerous negative health outcomes for patients and the further spread of STIs—imposing further costs on state Medicaid programs.<sup>27</sup> Moreover, family planning services help prevent unintended pregnancies, which are associated with increased maternal and child morbidity, including premature birth and potentially

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<sup>25</sup> See, e.g., Decl. of Sarah Gilbert ¶ 29, *California v. United States Dep't of Health & Human Servs.*, No. 1:25-cv-12118 (D. Mass. Sept. 24, 2025), ECF No. 62-6 (“Gilbert Decl.”); see also Decl. of Andrew Wilson ¶ 21, *California v. United States Dep't of Health & Human Servs.*, No. 1:25-cv-12118 (D. Mass. Sept. 24, 2025), ECF No. 62-9 (“Wilson Decl.”); Decl. of Emma Sandoe ¶ 31, *California v. United States Dep't of Health & Human Servs.*, No. 1:25-cv-12118 (D. Mass. Sept. 24, 2025), ECF No. 62-21 (“Sandoe Decl.”).

<sup>26</sup> See Sandoe Decl. ¶ 31.

<sup>27</sup> See Decl. of Sally A. Kozak ¶ 25, *California v. United States Dep't of Health & Human Servs.*, No. 1:25-cv-12118 (D. Mass. Sept. 24, 2025), ECF No. 62-25 (“Kozak Decl.”); *California* Compl. ¶ 203.

lifelong negative health effects.<sup>28</sup> These negative health effects not only harm patient health but also impose costs on amici States' Medicaid programs that are far higher than the costs of family planning services. For example, one study showed that publicly funded family planning services result in net government savings of \$7.09 for every \$1.00 that governments spend.<sup>29</sup>

### **III. MANY AMICI STATES LIKELY CANNOT REPLACE ALL LOST FEDERAL FUNDS, AND DOING SO WOULD DIVERT RESOURCES FROM AND HARM OTHER IMPORTANT PROGRAMS.**

The balance of the equities and public interest warrant affirmance of the district court's preliminary injunction orders for the additional

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<sup>28</sup> See Kozak Decl. ¶ 25; Heidi D. Nelson et al., *Associations of Unintended Pregnancy with Maternal and Infant Health Outcomes: A Systematic Review and Meta-analysis*, JAMA. 2002;328(17):1714-1729 (2022), <https://jamanetwork.com/journals/jama/fullarticle/2797874>; Daniela Morniroli et al., *Beyond Survival: the lasting effects of premature birth*, Front. Pediatr. 11:1213243, 2-3 (2023), <https://pmc.ncbi.nlm.nih.gov/articles/PMC10360124/pdf/fped-11-1213243.pdf>.

<sup>29</sup> Jennifer J. Frost et al., *Return on Investment: A Fuller Assessment of the Benefits and Cost Savings of the US Publicly Funded Family Planning Program*, 92 Milbank Quarterly 667, 696 (2014), <https://pmc.ncbi.nlm.nih.gov/articles/PMC4266172/pdf/milq0092-0667.pdf>.

reason that compliance by amici States will divert resources from other essential government programs and services. The Defund Provision forces amici States into a difficult position that will impose severe harms on public health and increased costs on amici States no matter the outcome. Specifically, under the Defund Provision, amici States must exclude Planned Parenthood health centers from receiving federal funding in their state Medicaid programs, resulting in the above-described harms to patients, public health, and amici States' public fiscs. To avoid those harms, some amici States may attempt to reimburse Planned Parenthood health centers for Medicaid services using only state funds by diverting funds from other important programs—such as other public health programs, school programs, or emergency services.<sup>30</sup> However, amici States cannot easily use solely state funds to fully

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<sup>30</sup> For both scenarios—exclusion or full state funding—amici States will need to expend state resources to update claims systems, issue guidance to patients and providers, and complete other administrative steps, further diverting funds from other important programs. *See California Compl.* ¶¶ 132-160.

reimburse Planned Parenthood health centers for all Medicaid services provided during the year-long effective period of the Defund Provision.

Contrary to the unsubstantiated suggestion of Louisiana, in its amicus brief in support of appellants' earlier motion for a stay of the preliminary injunction orders pending appeal (*see* Br. of Louisiana in Supp. of Appellants' Mot. to Stay and Reversal ("Louisiana Br.") at 10-11, 17-18), using only state funds to fully reimburse Planned Parenthood for all its Medicaid services would place enormous strain on amici States' public fiscs. State budgets are limited. And because of the huge funding shortfalls caused by the Defund Provision, it is unlikely that every amici State would be able to fill the enormous gap through state funds alone. Amici States would need to spend millions or even hundreds of millions of dollars to attempt to compensate for the lost federal share of Medicaid reimbursement—which is as high as 90% for some of the services provided at Planned Parenthood health centers.<sup>31</sup> For example, California stands to lose \$328 million in federal funds under the Defund

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<sup>31</sup> *See* Kavanaugh Decl. ¶ 42.

Provision.<sup>32</sup> New York estimates that it will lose \$21 million in federal reimbursements, and Oregon may lose nearly \$17 million.<sup>33</sup> Other amici States will also experience substantial losses—e.g., \$6.1 million for Connecticut and \$5.4 million for New Jersey.<sup>34</sup>

Moreover, many state budgets for the fiscal year were passed before enactment of the Defund Provision and did not appropriate funding to compensate for the newly expected loss of federal funds under the Defund Provision.<sup>35</sup> Convening a special legislative session to attempt to pass a

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<sup>32</sup> See *California* Compl. ¶ 164.

<sup>33</sup> See Sandoe Decl. ¶ 24; Decl. of Johanne Morne ¶ 29, *California v. U.S. Dep’t of Health & Human Servs.*, No. 1:25-cv-12118 (D. Mass. Sept. 24, 2025), ECF No. 62-20 (“Morne Decl.”).

<sup>34</sup> See *California* Compl. ¶ 166; Decl. of Sarah Adelman ¶ 21, *California v. United States Dep’t of Health & Human Servs.*, No. 1:25-cv-12118 (D. Mass. Sept. 24, 2025), ECF No. 62-18 (“Adelman Decl.”); see also Decl. of John Connolly ¶ 17, *California v. United States Dep’t of Health & Human Servs.*, No. 1:25-cv-12118 (D. Mass. Sept. 24, 2025), ECF No. 62-15 (\$9 million estimated cost for Minnesota to fully cover Planned Parenthood services absent federal funds).

<sup>35</sup> See Wilson Decl. ¶ 20 (Delaware); Decl. of Judy Mohr Peterson ¶ 23, *California v. United States Dep’t of Health & Human Servs.*, No. 1:25-cv-12118 (D. Mass. Sept. 24, 2025), ECF No. 62-10 (“Mohr Decl.”) (Hawai‘i); Decl. of Michelle Probert ¶ 36, *California v. United States Dep’t of Health & Human Servs.*, No. 1:25-cv-12118 (D. Mass. Sept. 24, 2025), ECF No. 62-13 (Maine); Decl. of Alex Castillo Smith ¶ 27, *California v.*

(continued on the next page)

budget amendment, or attempting to divert enough resources from already appropriated funds, is likely not an option for many amici States that are already dealing with budget deficits and unprecedented levels of federal funding cuts across many programs and services.<sup>36</sup> Indeed, recent federal legislation has cut more than a trillion dollars in funding for

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*United States Dep't of Health & Human Servs.*, No. 1:25-cv-12118 (D. Mass. Sept. 24, 2025), ECF No. 62-19 (New Mexico); Adelman Decl. ¶ 33 (New Jersey); Sandoe Decl. ¶ 30 (Oregon); Kozak Decl. ¶ 24 (Pennsylvania); Decl. of Debra Standridge ¶ 27, *California v. United States Dep't of Health & Human Servs.*, No. 1:25-cv-12118 (D. Mass. Sept. 24, 2025), ECF No. 62-24 (“Standridge Decl.”) (Wisconsin); Decl. of Melisa Byrd ¶ 18, *California v. United States Dep't of Health & Human Servs.*, No. 1:25-cv-12118 (D. Mass. Sept. 24, 2025), ECF No. 62-26 (Washington, D.C.). Other States have already passed partial budgets that do not fully fund lost federal funds for Medicaid. *See* Bush Decl. ¶ 22 (North Carolina); Kristin Kharrat, *Gov. Josh Stein signs mini-budget, provides continued funding for government programs*, The Daily Tar Heel (Aug. 18, 2025), <https://www.dailytarheel.com/article/city-ncga-mini-budget-impacts-20250818> (although the legislature has not passed a full budget, the first “mini-budget” passed in August did not include funding to cover the full loss of federal Medicaid funds).

<sup>36</sup> *See, e.g.*, Decl. of Adela Flores-Brennan ¶ 41, *California v. United States Dep't of Health & Human Servs.*, No. 1:25-cv-12118 (D. Mass. Sept. 24, 2025), ECF No. 62-7 (Colorado is already facing a significant state budget deficit).

healthcare programs, compounding the patient and public health harms at issue for amici States.<sup>37</sup>

Louisiana’s brief provides no evidence establishing that amici States will be able to entirely replace the massive loss of federal Medicaid funds under the Defund Provision. Louisiana misses the mark in highlighting statements by a few amici state officials regarding supplemental state funding of Medicaid services provided by Planned Parenthood health centers. For instance, Louisiana points to an announcement by the Massachusetts governor about using \$2 million in appropriations to “help defray” the loss of federal Medicaid funds caused by the Defund Provision. (Louisiana Br. at 10 (citing *California Compl.* ¶

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<sup>37</sup> See Lisa Desjardins & Andrew Corkery, Transcript, *States Face Hard Choices after Major Cuts to Federal Health Care Funding*, PBS NewsHour (Sept. 13, 2025), <https://www.pbs.org/newshour/show/states-face-hard-choices-after-major-cuts-to-federal-health-care-funding>; D. Lipschutz & A. Bers, *Impact of the “Big Bill” on Medicare*, Center for Medicare Advocacy (July 24, 2025), <https://medicareadvocacy.org/impact-of-the-big-bill-on-medicare/>; see also, e.g., N.Y. State of Health, Press Release, *Following Devastating Federal Funding Cuts, New York State Takes New Action to Preserve Health Care for As Many New Yorkers As Possible* (Sept. 10, 2025), <https://info.nystateofhealth.ny.gov/news/press-release-following-devastating-federal-funding-cuts-new-york-state-takes-new-action>.

142)).<sup>38</sup> But the Defund Provision may result in a loss of federal Medicaid funds of close to \$4 million for Planned Parenthood League of Massachusetts.<sup>39</sup> Such statements thus do not establish that amici States will be able to necessarily and completely cover *all* lost federal funds that would be needed to reimburse for *all* Medicaid services provided by Planned Parenthood health centers in each State. And for all amici States, sudden emergencies, additional cuts to federal funds needed to operate other programs, and other unanticipated state budgetary issues could further frustrate efforts to compensate for the federal Medicaid

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<sup>38</sup> See also Gov. Maura Healey & Lt. Gov. Kim Driscoll, Press Release, *As President Trump Defunds Planned Parenthood, Massachusetts Delivers \$2 Million to Protect Access to Reproductive Health Care* (July 24, 2025), <https://www.mass.gov/news/as-president-trump-defunds-planned-parenthood-massachusetts-delivers-2-million-to-protect-access-to-reproductive-health-care>.

<sup>39</sup> Planned Parenthood League of Massachusetts received approximately \$4,745,000 in Medicaid payments in 2023 (A. 209), and the federal match in Massachusetts varies between 50% and 90%, with a 90% match for family planning services, see *California* Compl. ¶ 142.

funds that the Defund Provision prevents Planned Parenthood health centers from receiving.<sup>40</sup>

Finally, even if some amici States can compensate for part of the federal cuts under the Defund Provision, doing so would force amici States to divert resources from other important public services. As noted, amici States are already experiencing unprecedented levels of federal funding cuts across a broad range of essential state programs and services, including education and healthcare.<sup>41</sup> Amici States cannot compensate for the massive amounts of federal Medicaid funding that

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<sup>40</sup> See, e.g., Decl. of Charissa Fotinos, MD, MSc ¶ 34, *California v. United States Dep't of Health & Human Servs.*, No. 1:25-cv-12118 (D. Mass. Sept. 24, 2025), ECF No. 62-23 (“Fotinos Decl.”) (noting that Washington’s agreement to pay \$11 million to cover the estimated federal share comes at the cost of other critical state services and at a time of a significant state budget shortfall).

<sup>41</sup> See, e.g., Decl. of William Halsey ¶ 26, *California v. United States Dep't of Health & Human Servs.*, No. 1:25-cv-12118 (D. Mass. Sept. 24, 2025), ECF No. 62-8 (backfilling may not be possible for Connecticut, given numerous other cuts in federal funding); Fotinos Decl. ¶ 34 (noting that Washington’s agreement to pay \$11 million to cover the estimated federal share comes at the cost of other critical state services and at a time of a significant state budget shortfall); Mohr Decl. ¶ 24 (Defund Provision cuts would negatively impact Hawai‘i state budget); Standridge Decl. ¶ 28 (similar, for Wisconsin).

Planned Parenthood health centers will lose under the Defund Provision without harming other programs important for the health and welfare of amici States' residents.

## CONCLUSION

The Court should affirm the district court's preliminary injunction orders.

October 20, 2025

Respectfully submitted.

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*/s/ Alma Rose Nunley*

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*/s/ Alma Rose Nunley*

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Dated: October 20, 2025

## CERTIFICATE OF SERVICE

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

*/s/ Alma Rose Nunley*

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