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 OF SOUTH ATLANTIC, *et al.*,

Respondents.

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

AMICI CURIAE BRIEF OF THE AMERICAN CANCER SOCIETY CANCER ACTION NETWORK ET AL. IN SUPPORT OF RESPONDENTS

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STATEMENT OF INTEREST OF *AMICI CURIAE*[1]

The American Cancer Society, the American Cancer Society Cancer Action Network, the AIDS Institute, the American Society of Clinical Oncology, Families USA, the Hemophilia Federation of America, the Leukemia & Lymphoma Society, the National Association for the Advancement of Colored People, the National Coalition for Cancer Survivorship, and the National Patient Advocate Foundation (collectively, "*Amici*") represent millions of patients and physicians across the country facing serious, acute, and chronic diseases and health conditions. These organizations fight to prevent, treat, and cure some of the most serious, debilitating, and deadly diseases and conditions, and the millions of Americans that *Amici* represent would be among those negatively impacted should this Court, despite clear Congressional intent, find that aggrieved Medicaid beneficiaries cannot bring claims under 42 U.S.C. § 1983 to enforce their right to freely choose among qualified health care providers. This outcome would inevitably reduce access to care among individuals with lower incomes, particularly in rural areas.

Because extensive scientific research has established a strong link between access to Medicaid and improving health outcomes and reducing the financial burdens accompanying medical treatment, *Amici* advocate to protect an individual's right to sue under Section 1983 as a means of enforcing Medicaid's free-choice-of-provider provision. That right is critical for

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[1] Pursuant to S. Ct. Rule 37.6, these *amici* certify that this brief was authored in whole by counsel for *amici* and that no part of the brief was authored by any attorney for a party. No party, nor any other person, counsel, or entity, made any monetary contribution to the preparation or submission of this brief.

individuals as a means of redress to hold state-administered programs, entities, or actors accountable when they seek to deprive Medicaid beneficiaries of their right to freely choose among qualified providers. Otherwise, these Medicaid beneficiaries, who include America's most vulnerable populations, would in many cases have no other means available to remedy violations of this right and have their day in court. This deprivation would inevitably reduce access to care among individuals with limited incomes and in rural areas.

As organizations that fight to prevent, treat, and cure some of the most serious, debilitating, and deadly diseases and conditions, *Amici* are uniquely able to assist the Court in understanding the direct link between Medicaid availability and the beneficial effects to health access, health status, and reduction of socioeconomic disparities in health care access. An individual's private right of action under Section 1983 as an enforcement mechanism is critical for millions of patients, survivors, and their families to ensure continued health care access to qualified providers under the Medicaid Act.

The American Cancer Society's mission is to save lives and lead the fight for a world without cancer.

The American Cancer Society Cancer Action Network ("ACS CAN") advocates for evidence-based public policies to reduce the cancer burden for everyone. ACS CAN engages its volunteers across the country to make their voices heard by policymakers at every level of government. ACS CAN believes everyone should have a fair and just opportunity to prevent, detect, treat, and survive cancer.

The AIDS Institute is a leading national non-profit and non-partisan organization representing millions of people living with and vulnerable to HIV and viral hepatitis. The AIDS Institute advocates for increased access to high quality, comprehensive health care to bring an end to the HIV, STD, and hepatitis epidemics.

The American Society of Clinical Oncology ("ASCO") is a national organization representing more than 55,000 physicians and other health care professionals specializing in cancer treatment, diagnosis, and prevention. ASCO is committed to ensuring that evidence-based practices for the prevention, diagnosis, and treatment of cancer are available to all Americans.

Families USA, a leading national voice for health care consumers, is dedicated to the achievement of high quality, affordable health care and improved health for all.

Medicaid is a critical lifeline for people with bleeding disorders, including but not limited to hemophilia, providing access to essential, high-cost treatments that are needed continuously, for one's entire life. The Hemophilia Federation of America ("HFA"), founded in 1994, is a community-based, patient-centered organization committed to championing the needs of families living with debilitating bleeding disorders; HFA advocates for safe and effective therapies and quality, affordable health coverage to achieve better quality of life for all persons with bleeding disorders.

The Leukemia & Lymphoma Society ("LLS") is the world's largest voluntary health agency dedicated to fighting blood cancer and ensuring that the more than 1.3 million blood cancer patients and survivors in the United States have access to the care they need. LLS's mission is to cure leukemia, lymphoma, Hodgkin's

disease, and myeloma, and to improve the quality of life of patients and their families. LLS advances that mission by advocating for blood cancer patients to have sustainable access to quality, affordable, coordinated health care, regardless of the source of their coverage.

The National Association for the Advancement of Colored People ("NAACP") is the oldest and largest civil rights organization in the country. The NAACP advocates for health equity.

The National Coalition for Cancer Survivorship ("NCCS") is the oldest cancer survivor-led non-profit organization in America. NCCS advocates for quality cancer care for everyone touched by cancer.

The National Patient Advocate Foundation's mission is to make the health care system work for all of us.

In this brief, *Amici* will demonstrate how an individual's right to bring suit under Section 1983 to redress violations of the Medicaid's free-choice-of-provider provision is critical to: (i) promote health access, improve health outcomes, and reduce socioeconomic and geographic disparities in health care access to continue to prevent, treat, and cure the diseases that *Amici's* constituents fight every day and (ii) hold state-administered programs, entities, and actors accountable if they fail to protect Medicaid beneficiaries' rights to freely choose among qualified, willing health care providers.

SUMMARY OF ARGUMENT

The Medicaid Act, which provides rights to individual beneficiaries through its health-benefit programs, is critically important to improving health outcomes and to reducing the financial burdens accompanying medical treatment. Medicaid has dramatically increased access to medical care among individuals with lower incomes and who live in small towns and rural areas by covering millions of such individuals who otherwise lack health insurance. Medicaid also increases access to and use of health services. Having access to Medicaid dramatically improves health outcomes, particularly for persons with serious, life-threatening diseases, in many cases by providing specific rights to certain types of care. Accessible health care is essential in managing chronic diseases, including cancer, cardiovascular disease, diabetes, and other conditions. Studies confirm that access to Medicaid reduces socioeconomic disparities in health care access.

For more than 50 years, Section 1983 has served as an important mechanism for enforcing Medicaid rights, including a recipient's right to choose their medical care from any qualified, willing provider. Denying Medicaid beneficiaries the ability to enforce that right via Section 1983 will reduce choice, reduce access to care, and negatively impact health care outcomes among individuals with low incomes, particularly in rural areas. Section 1983 provides a well-established and appropriately limited means for enforcing statutory rights such as Medicaid's free-choice-of-provider clause.

ARGUMENT

I. The Medicaid Act is Critically Important to Improving Health Outcomes and to Reducing the Financial Burdens Accompanying Medical Treatment.

This case is about whether the Medicaid Act's free-choice-of-provider provision is enforceable under Section 1983. It is important that Section 1983 be available to enforce this right, because this right is critical to ensuring that Medicaid operates effectively. In many parts of the country, there are not enough health care providers, and excluding willing providers—for reasons having nothing to do with qualifications or competency—means that fewer people will get care, which ultimately hurts patients. Such a ruling would have far-reaching consequences, because Medicaid is so important for improving health outcomes and reducing financial burdens.

According to federal enrollment data, one-quarter of all residents of the United States and more than half of all children — nearly 94 million people — were covered by Medicaid and the Children's Health Insurance Program as of March 2023. *See* Center for Medicare & Medicaid Services, *March 2023 Medicaid and CHIP Enrollment Trends Snapshot*, https://www.medicaid.gov/medicaid/national-medicaid-chip-program-information/downloads/march-2023-medicaid-chip-enrollment-trend-snapshot.pdf. The effects of Medicaid availability in the United States have been heavily studied, with researchers often highlighting the drastic variation between Medicaid expansion and non-expansion states as a "natural experiment" that underscores the importance of Medicaid coverage. The research findings are highly consistent: Medicaid availability has increased health care coverage and

improved access to and use of necessary services. This increased access has in turn improved certain health outcomes, including survival, and reduced the financial burdens of health care and a range of health disparities. Those same studies illustrate the urgent need for Medicaid availability in producing beneficial health outcomes and reducing health care inequities. A sampling of these research findings is described below.

A. Medicaid Has Dramatically Increased Access to Medical Care Among Individuals with Lower Incomes by Reducing the Number of People Without Health Insurance.

In a review of over 600 studies conducted between January 2014 and March 2021, the Kaiser Family Foundation found that Medicaid expansion is linked to gains in coverage, and consequently, to improvements in access to care, financial security, and certain health outcomes. *See* Madeline Guth *et al.*, Kaiser Family Found., *The Effects of Medicaid Expansion Under the ACA*: *Studies from January 2014 to January 2020* (2020), https://www.kff.org/report-section/the-effects-of-medicaid-expansion-under-the-aca-updated-findings-from-a-literature-review-report/; Madeline Guth & Meghana Ammula, Kaiser Family Found., *Building on the Evidence Base: Studies on the Effects of Medicaid Expansion, February 2020 to March 2021* (2021), https://www.kff.org/report-section/building-on-the-evidence-base-studies-on-the-effects-of-medicaid-expansion-february-2020-to-march-2021-report/. Similar findings were made by the U.S. Department of Health and Human Services in 2024. *See Health Coverage Under the Affordable Care Act: Current Enrollment Trends and State Estimates,* Issue Brief, March 22, 2024. https://aspe.hhs.gov/sites/default/

files/documents/a6589500bb65294dec49d174c6ea84c1/aspe-health-coverage-under-aca.pdf.

States that have expanded Medicaid availability saw a sharp uptick in insurance coverage, especially among individuals with lower incomes, directly attributable to the expansion. Guth *et al.*, *supra*, at 5-6. Studies also found larger coverage gains, Guth *et al.*, *supra*, at 5-6, in expansion states among certain high-risk populations, including cancer patients, individuals with substance abuse disorders, people with HIV, people with a history of cardiovascular disease, and adults with diabetes. *Id*. at 6; Xuesong Han, *et al*., *Comparison of Insurance Status and Diagnosis Stage Among Patients With Newly Diagnosed Cancer Before vs After Implementation of the Patient Protection and Affordable Care Act*, JAMA Oncology, 2018 (4)(12): 1713-1720, https://jamanetwork.com/journals/jamaoncology/fullarticle/2697226?utm_campaign=articlePDF&utm_medium=articlePDFlink&utm_source=articlePDF&utm_content=jamaoncol.2018.3467; Ahmedin Jemal, *et al.*, *Changes in Insurance Coverage and Stage at Diagnosis Among Nonelderly Patients With Cancer After the Affordable Care Act*, Journal of Clinical Oncology, 2017 35:3906-3915, https://pubmed.ncbi.nlm.nih.gov/28885865/; Cystic Fibrosis Foundation, *2021 Cystic Fibrosis Foundation Patient Registry Highlights*, https://www.cff.org/media/ 26631/download (noting that 42 percent of all people with cystic fibrosis are enrolled in Medicaid, including 52 percent of children under 10 years old fighting the disease); The AIDS Institute, *Closing the Health Coverage Gap is the Key to Ending the HIV and Hepatitis C Epidemics* (2021), https://aidsinstitute. net/documents/Coverage-Gap-Issue-Brief_draft-V7.pdf (noting that only 6 percent of people living with HIV are uninsured in Medicaid

expansion states compared to 20 percent in non-expansion states).

In addition, research suggests that Medicaid availability has helped to reduce disparities in access to health care coverage. Guth *et al., supra*, at 6 (noting that studies have found expansion helped decrease disparities in coverage "by age, marital status, disability status, and in some studies, race/ethnicity"). Han *et al., supra* at 174 (finding that "disparities in the percentage uninsured by race/ethnicity, poverty, and rurality diminished or were eliminated among patients with newly diagnosed cancer in [Medicaid] expansion states"); Jemal *et al., supra*; The AIDS Institute, *supra* (finding that in expansion states, Black and Hispanic residents have seen the greatest declines in uninsured rates concerning HIV and hepatitis C diagnoses). A 2017 study found that the gap in coverage between households with an annual income below $25,000 and those above $75,000 fell from 31 percent to 17 percent (a relative reduction of 46 percent) in Medicaid expansion states, twice the relative reduction in non-expansion states. Kevin Griffith *et al*., *The Affordable Care Act Reduced Socioeconomic Disparities in Health Care Access*, 36 Health Aff. 1503, 1507–08 (2017), https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2017.0083?journalCode=hlthaff.

Increasing Medicaid coverage for adults also led to increased coverage for children. *See* Genevieve M. Kenney *et al.*, Urban Inst., *Children's Coverage Climb Continues: Uninsurance and Medicaid/CHIP Eligibility and Participation Under the ACA*, 7 (2016), https://www.urban.org/sites/default/files/publication/80536/2000787-Childrens-Coverage-Climb-Continues-Uninsurance-and-Medicaid-CHIP-Eligibility-and-Participati

on-Under-the-ACA.pdf; *see also* Maya Venkataramani *et al.*, *Spillover Effects of Adult Medicaid Expansions on Children's Use of Preventive Services*, 140 Pediatrics e20170953 (2017), https://pediatrics.aappublications.org/content/pediatrics/140/6/e20170953.full.pdf (finding that when a parent is enrolled in Medicaid, their children are 29 percent more likely to receive an annual well child visit); X. Ji, *et al.*, *Narrowing Insurance Disparities Among Children and Adolescents with Cancer Following the Affordable Care Act*, JNCI Cancer Spectrum, Volume 6, Issue 1 (2022), https://doi.org/10.1093/jncics/pkac006. Other studies have shown that access to Medicaid coverage provided both short- and long-term benefits for children's health, educational achievement, and long-term earnings. *See* Alisa Chest & Joan Alker, Georgetown Univ. Health Pol. Inst., Ctr. for Children and Families, *Medicaid at 50*: *A Look at the Long-Term Benefits of Childhood Medicaid* 1 (2015), https://ccf.georgetown.edu/wp-content/uploads/2015/08/Medicaid-at-50_final.pdf.

B. Medicaid Increases Access to and Use of Health Services.

Medicaid availability is associated with improved access to care and increased utilization of health care services. *See*, *e.g.*, Guth *et al.*, *supra*, at 8-9; Benjamin D. Sommers *et al.*, *Three-Year Impacts of the Affordable Care Act: Improved Medical Care and Health Among Low-Income Adults*, 36 Health Aff. 1119, 1124 (2017), https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.2017.0293 (finding that Medicaid expansion "was associated with significant improvements in access to primary care and medications, affordability of care, preventive visits, screening tests, and self-reported health"). This trend is not surprising, as research evaluating the effects of Medicaid coverage even prior

to expansion found that enrollment in Medicaid led to greater access to care. *See, e.g.*, Andrea S. Christopher *et al.*, *Access to Care and Chronic Disease Outcomes Among Medicaid-Insured Persons Versus the Uninsured*, 106 Am. J. Pub. Health 63, 63–69 (2015), https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2015.302925 (finding that, compared with uninsured individuals, individuals enrolled in Medicaid are more likely to have at least one outpatient physician visit annually); Katherine Baicker & Amy Finkelstein, *The Effects of Medicaid Coverage–Learning from the Oregon Experiment*, 365 New Eng. J. Med. 683 (2011), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3321578/pdf/nihms-366643 (finding that Medicaid coverage raised the probability of using outpatient care by 35 percent and prescription drugs by 15 percent).

Numerous studies have found that Medicaid availability is associated with increased utilization of a variety of preventive services, and, in turn, increased diagnoses of diseases and health conditions early, when treatment can be most effective. *See* Guth *et al.*, *supra*, at 8-9. In one study, the improvement in screening rates for colorectal cancer (CRC) translated to an additional 236,573 low-income adults receiving recent CRC screening in 2016. Stacey A. Fedewa *et al.*, *Changes in Breast and Colorectal Cancer Screening After Medicaid Expansion Under the Affordable Care Act*, 57 Am. J. Preventive Med. 1, 3 (2019). If the same absolute increases were experienced in non-expansion states, 355,184 more low-income adults would have had CRC screening as of 2019. *Id.*

Similarly, compared with non-expansion states, states that implemented the expansion saw greater improvement in breast cancer screening rates among lower-income women. Yoshiko Toyoda *et al.*, *Affordable*

Care Act State-Specific Medicaid Expansion: Impact on Health Insurance Coverage and Breast Cancer Screening Rates, 230 J. Am. Coll. Surg. 5 (2020), https://www.journalacs.org/article/S1072-7515(20)30213-1/fulltext. *See also* Nicolas Ajkay *et al.*, *Early Impact of Medicaid Expansion and Quality of Breast Cancer Care in Kentucky*, 226 J. Am. Coll. Surg. 498 (2018), https://doi.org/10.1016/j.jamcollsurg.2017.12.041 (finding that Medicaid expansion in Kentucky led to a higher incidence of early detection and treatment). And women on Medicaid use primary and preventive health services, such as pap smears and mammograms, at rates comparable to women with private insurance and at higher rates than uninsured women. *See* Ivette Gomez *et al.*, Kaiser Family Found., *Medicaid Coverage for Women* (2022), https://www.kff.org/womens-health-policy/issue-brief/medicaid-coverage-for-women/.

Further, states that implemented the expansion saw significantly smaller increases in the rate of cardiovascular mortality for middle-aged adults. Sameed Khatana *et al.*, *Association of Medicaid Expansion with Cardiovascular Mortality*, JAMA Cardiology 4(7) 671-679 (2019) https://jamanetwork.com/journals/jamacardiology/fullarticle/2734704 (finding that the counties in expansion states displayed significantly smaller increases in cardiovascular mortality rates among middle-aged adults post-expansion compared with counties in states that did not expand Medicaid).

Medicaid availability has also increased access to and utilization of prescription drugs. Medicaid expansion "is associated with increases in overall prescriptions for Medicaid-covered prescriptions and Medicaid spending on medications to treat opioid use disorder and opioid overdose." Guth *et al.*, *supra*, at 9. More generally, a 2019 study found that within 15

months after Medicaid expansion, Medicaid-paid prescriptions increased 19 percent, with the largest increases in generic drugs for chronic conditions like diabetes and heart disease, suggesting that Medicaid expansion reduced cost barriers that inhibit access to such medications for low-income adults with chronic conditions. *See* Ausmita Ghosh *et al.*, *The Effect of Health Insurance on Prescription Drug Use Among Low-Income Adults: Evidence from Recent Medicaid Expansions*, 63 J. Health Econ. 64 (2019). Research also suggests that the expansion reduced racial disparities in access to medications. *See* Benjamin D. Sommers *et al.*, *Changes in Self-reported Insurance Coverage, Access to Care, and Health Under the Affordable Care Act* 314 JAMA 366 (2015), https://jamanetwork.com/journals/jama/fullarticle/2411283; Lucy Chen *et al.*, Harvard Univ., *Technical Memo on Coverage Expansion and Low-Income, Reproductive-Age Women* (2020), https://hcp.hms.harvard.edu/technical-memo-coverage-expansion-and-low-income-reproductive-age-women (finding that Medicaid expansion was associated with an increase of 2.8 prescription refills per year among non-pregnant, low-income women ages 18-44).

Medicaid availability is also associated with increased and timely access to care that is vital to patients who have contracted serious illnesses. Medicaid expansion has been shown to facilitate access to guideline-based palliative care for people with advanced cancer. The largest increase in such access to palliative care was found in patients with advanced pancreatic, colorectal, lung, oral cavity and pharynx cancers and non-Hodgkin's lymphoma. Xuesong Han, *et. al., Medicaid Expansion Associated with Increase in Palliative Care for People with Advanced-Stage Cancers*, 42:7 Health Affairs 956, at 962-63 (July 2023).

Furthermore, Medicaid expansion was associated with an increase in guideline-concordant care and the timely initiation of that care in patients with a type of particularly aggressive breast cancer, thereby increasing the two-year survival rate of that cancer. *See* Kewei Sylvia Shi, *et al., Association of Medicaid Expansion with Timely Receipt of Treatment and Survival Among Patients with HR-Negative, HER2-Positive Breast Cancer*, 22:9 J. Nat'l Compr. Cancer Network 593 (November 2024), https://jnccn.org/view/journals/jnccn/22/9/article-p593.xml?content=contentsummary-7347. Similar increases have been detected among patients newly diagnosed with non-small cell lung cancer. See Jingxuan Zhao, *et al., Associations of Medicaid Expansion with Stage at Diagnosis, Timely Initiation and Receipt of Guideline-Concordant Treatment, and Survival Among Individuals Newly Diagnosed with Non-Small Cell Lung Cancer*, 20:10 Supp. JCO Oncology Practice Journal (Oct. 2024), https://ascopubs.org/doi/pdf/10.1200/OP.2024.20.10_suppl.47.

C. Access to Medicaid Dramatically Improves Health Outcomes, Particularly for Persons with Serious, Life-Threatening Diseases.

By increasing access to and utilization of health care services, Medicaid has led to a range of improved health outcomes. *See* Guth *et al.*, *supra*, at 10-11; Guth & Ammula, *supra*, at 4-8. A 2019 study, updated in January 2021, concluded that near-elderly adults (those between ages 50-62) in expansion states experienced a substantial drop in mortality compared to adults the same age in non-expansion states. *See* Sarah Miller *et al.*, *Medicaid and Mortality: New Evidence from Linked Survey and Administrative*

Data, NBER Working Paper Series No. 26081 (2019), https://www.nber.org/papers/w26081. The authors estimated that in the four years following Medicaid expansion, approximately 15,600 deaths could have been averted if Medicaid expansion had been adopted nationwide. *Id.* at 3; 23.

In addition, expansion of Medicaid is associated with reduced mortality rates for the most common causes of death in the United States. *See* Marvin Okon, *et al., Association of Medicaid Expansion with Mortality Rates in the U.S.,* APHA Conference Paper (Oct. 2024), available at https://apha.confex.com/apha/2024/meetingapp.cgi/Paper/556727. Additional research has shown that Medicaid expansion resulted in decreased overall mortality rates and decreased mortality rates associated with specific health conditions such as certain cancers, cardiovascular disease, and liver disease. *See* Guth & Ammula, *supra*, at 5.

1. Cancer

One study that included over 1.4 million patients with cancer found that those living in states with higher Medicaid income eligibility limits had better long-term survival rates. *See* J. Zhao *et al.*, *Association of State Medicaid Income Eligibility Limits and Long-Term Survival After Cancer Diagnosis in the United States*. JCO Oncology Pract. (2022), https://pubmed.ncbi.nlm.nih.gov/34995127.

Among patients with newly diagnosed cancer ages 18-64 years, patients living in states with lower Medicaid income eligibility limits, *i.e.*, in which fewer people qualify for Medicaid, had worse survival rates for most cancers in both early and late stages, compared with those living in states with Medicaid income eligibility limits ≥ 138% of the federal poverty

level, *i.e.*, in which more people qualify. *See* Zhao *et al*, *Association of State Medicaid Income Eligibility Limits and Long-Term Survival After Cancer Diagnosis in the United States*, JCO Oncology Pract. (2022) https://pubmed.ncbi.nlm.nih.gov/34995127 (finding that increasing Medicaid income eligibility could improve survival after cancer diagnosis).

Most recently, Medicaid expansion has been associated with increases in two-year survival rates among newly-diagnosed cancer patients, and the increase was prominent among non-Hispanic Blacks and residents of rural areas. *See* Xuesong Han *et al., Association Between Medicaid Expansion Under the Affordable Care Act and Survival Among Newly Discovered Cancer Patients*, 114:8 J. Natl Cancer Inst. 1176 (Aug. 2022), available at https://pubmed.ncbi.nlm.nih.gov/35583373/. And Medicaid expansion was associated with an increase in two-year survival rates for young adults with cancer, with increases most pronounced among patients of underrepresented race and ethnicity and patients with high-risk disease. *See* Xu Ji *et al., Survival in Young Adults with Cancer is Associated with Medicaid Expansion Through the Affordable Care Act*, 41:10 J. Clinical Oncology 1909 (April 2023), available at https://pubmed.ncbi.nlm.nih.gov/36525612/.

Among young adults with breast cancer, Medicaid expansion has been associated with reduced delays in initiating treatment and increased two-year survival rates. *See* Xu Ji *et al., Medicaid Expansion is Associated with Treatment Receipt, Timeliness, and Outcomes Among Young Adults with Breast Cancer*, 7 JNCI Cancer Spectrum (2023), https://academic.oup.com/jncics/article/7/5/pkad067/7273793. Similarly, among children and young adults with lymphoma, having continuous Medicaid coverage before diagnosis was

associated with a lower likelihood of late-stage disease at diagnosis. *See* Xinyue E. Zhang *et al., Medicaid Coverage Continuity is Associated with Lymphoma State Among Children and Adolescents / Young Adults*, 9:2 Blood Advances (Jan. 2025), https://doi.org/10.1182/bloodadvances.2024013532.

Further, early mortality among patients discharged from the hospital following lung cancer surgery decreased significantly among patients in Medicaid expansion states, but not in patients living in non-expansion states. Leticia Nogueira *et al.*, *Medicaid Expansion under the Affordable Care Act and Early Mortality Following Lung Cancer Surgery*, JAMA Network Open (January 2024), https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2813918 (finding that Medicaid expansion may be an effective strategy for improving access to care and cancer outcomes among older adults who are not age-eligible for Medicare).

Researchers have found that Medicaid availability is associated with a shift from later to early stage at diagnosis for cancer patients, that uninsured patients were significantly more likely to be diagnosed with late-stage cancer for all stageable cancers combined, and that Medicaid expansion was associated with decreased cancer mortality. *See, e.g.*, Xuesong Han *et al*., *supra*, *at* 1717; Jingxuan Zhao *et al.*, *Health insurance status and cancer stage at diagnosis and survival in the United States*. CA Cancer J Clin. (2022) https://acsjournals.onlinelibrary.wiley.com/doi/10.3322/caac.21732; *see also* Justin M. Barnes *et al., Changes in Cancer Mortality After Medicaid Expansion and the Role of Stage at Diagnosis*, 115:8 J. of Natl Cancer Inst. 962 (May 2023), https://academic.oup.com/jnci/article/115/8/962/7172381 (noting that Medicaid expansion

was associated with decreased late stage cancer incidence and decreased cancer mortality).

Medicaid availability is also associated with reduced demographic disparities in stage at diagnosis. *See*, *e.g.*, Xu Ji *et al*., *Association of Medicaid Expansion with Cancer Stage and Disparities in Newly Diagnosed Young Adults*, J. Nat'l Cancer Inst. (2021), https://pubmed.ncbi.nlm. nih.gov/34021352/ (finding a narrowing of rural-urban and Black-white disparities among young adults diagnosed with cancer); Xu Ji *et al.*, *Association between the Affordable Care Act Medicaid Expansion and Survival in Young Adults Newly Diagnosed with Cancer*, Journal of Clinical Oncology 2022 40:16_suppl, 1502-1502, https://ascopubs.org/doi/abs/10.1200/JCO.2022.40.16_suppl.1502 (finding that cancer survival benefits attributed to Medicaid expansion were notable among racial/ethnic minority patients and patients with high health care needs, and by patients' treatment facility type); Jose Wilson B. Mesquita-Neto *et al.*, *Disparities in Access to Cancer Surgery After Medicaid Expansion*, 219 Am. J. Surg. 181 (2020), https://www.americanjournalofsurgery.com/article/S0002-9610(19)30688-9/fulltext (finding that Medicaid expansion was associated with earlier cancer diagnoses and increased access to surgical care, especially among lower-income patients).

2. Diabetes

Medicaid availability has also led to improved health outcomes for people with conditions other than cancer. For example, compared with patients with diabetes in non-expansion states, those in expansion states were treated earlier and reported better health outcomes. *See* Harvey W. Kaufman, *Surge in Newly Identified Diabetes Among Medicaid Patients in 2014 Within Medicaid Expansion States Under the*

Affordable Care Act, 38 Diabetes Care 833, 835 (2015), https://care.diabetesjournals.org/content/38/5/833; Jusung Lee, *The Impact of Medicaid Expansion on Diabetes Management*, 43 Diabetes Care 1094, 1097–98 (2019), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7171935/pdf/dc191173.pdf.

3. Maternal and infant health

In 2019, women comprised 36% of the overall Medicaid population, and represented the majority of adults in the program. Gomez *et al.*, *supra*. Research also indicates that Medicaid has led to improved maternal health outcomes and a reduction in maternal and infant health disparities. *Id.* (noting that Medicaid is the largest single payer of pregnancy-related services, financing 42% of all U.S. births in 2019).

A study found that Medicaid availability is significantly associated with lower maternal mortality, and the effect "was concentrated among non-Hispanic Black mothers, indicating that Medicaid expansion could be contributing to a reduction in the large racial disparity in maternal mortality faced by Black mothers." Erica Eliason, *Adoption of Medicaid Expansion Is Associated with Lower Maternal Mortality*, 30 Women's Health Issues 147, 150 (2020), https://doi.org/10.1016/j.whi.2020.01.005. Similarly, a 2019 study found that expansion was associated with improvements in relative health disparities for Black infants compared with white infants. *See* Clare Brown *et al.*, *Association of State Medicaid Expansion Status with Low Birth Weight and Preterm Birth*, 321 JAMA 1598 (2019), https://jamanetwork.com/journals/jama/fullarticle/2731179. *See also* Chintan B. Bhatt & Consuelo M. Beck-Sague, *Medicaid Expansion and Infant Mortality in the United States*, 108 Am. J. Pub. Health 565 (2018), https://ajph.aphapublications.org/doi/full/

10.2105/AJPH.2017.304218 (suggesting that expansion may have contributed to a decline in infant mortality rates, especially among African-American infants).

4. Mental health

Patients with mental illnesses have also greatly benefited from Medicaid availability. "In states that expanded Medicaid under the Affordable Care Act ("ACA"), the uninsured share of substance use or mental health disorder hospitalizations fell from about 20 percent in the fourth quarter of 2013 to about 5 percent by mid-2015." Continuing Progress on the Opioid Epidemic: The Role of the Affordable Care Act, ASPE ISSUE BRIEF (Jan. 11, 2017) https://aspe.hhs.gov/system/files/pdf/255456/ACAOpioid.pdf. Medicaid expansion also increased the rate of health insurance coverage among nonelderly adults with serious psychological distress and resulted in a reduction of patients choosing to delay or forgo treatment due to the cost of health care. Priscilla Novak *et al.*, *Changes in Health Insurance Coverage and Barriers to Health Care Access Among Individuals with Serious Psychological Distress Following the Affordable Care Act*, 45 ADMIN. POL'Y MENTAL HEALTH & MENTAL HEALTH SERVS. RES. 924 (2018), https://doi.org/10.1007/s10488-018-0875-9.

D. Access to Medicaid Reduces Socioeconomic Disparities in Health Care Access.

Medicaid availability has been associated with an increase in health care affordability and financial security, as well as a reduction in disparities by income or race across measures of affordability. *See* Guth *et al.*, *supra*, at 13-14; *see also* Sommers *et al.*, *Three-Year Impacts of the Affordable Care Act*, *supra*, at 1124-26 (finding that expansion led to an average of $337 in

annual savings on medical out-of-pocket spending among those who gained coverage). Without the benefits of expansion, the economic burden of fighting certain diseases can easily become astronomical. *See e.g.,* Lidia M.V.R Moura *et al., Drivers of U.S. health care spending for persons with seizures and/or epilepsy*. 63 Epilepsia 8, 2144-2154 (2022), https://doi.org/10.1111/epi.17305 (noting that the average annual health care spending was $15,096 for persons with epilepsy or seizure).

A 2017 study investigated in detail the effects of Medicaid expansion on households' financial health and found direct as well as substantial indirect financial benefits. See Kenneth Brevoort, *et al.*, *Medicaid and Financial Health*, NBER Working Paper No. 24002 (2017), https://www.nber.org/system/files/working_papers/w24002/w24002.pdf. During its first two years, expansion not only reduced unpaid medical bills sent to collection by $3.4 billion, it also reduced the likelihood of individuals becoming delinquent on a debt obligation, improved credit scores, prevented about 50,000 bankruptcies among subprime borrowers, and led to better terms for available credit valued at $520 million per year. *Id.* at 3. The study concluded that the financial benefits of Medicaid double when adding these indirect benefits to the direct reduction in out-of-pocket expenditures. *Id.* at 4. *See also* Kyle J. Caswell & Timothy A. Waidmann, *The Affordable Care Act Medicaid Expansions and Personal Finance*, 76 Med. Care Res. & Rev. 538, 562 (2019), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6716207/pdf/10.1177_10775587177251 64.pdf (finding that Medicaid expansion significantly reduced the likelihood of new medical collections and, more generally, the flow of new and large debt balances).

Other research has concluded that Medicaid expansion helps low-income individuals stay employed and stay in school, further improving their financial security. *See* Krystin Racine, *More Evidence that Medicaid Expansion Linked to Employment and Education Gains*, Geo. U. Health Pol'y Inst., Ctr. for Child. and Families: Say Ahhh! (Mar. 3, 2021), https://ccf.georgetown.edu/2021/03/03/more-evidence-that-medicaid-expansion-linked-to-employment-and-education-gains/. A study in Michigan found that after being enrolled in Medicaid for one year, the proportion of enrollees who were working or in school rose from 54 percent to 60 percent; Black enrollees had even larger gains. *See* Renuka Tipirneni *et al.*, *Association of Medicaid Expansion with Enrollee Employment and Student Status in Michigan*, 3 JAMA Network Open e1920316 (2020). Medicaid expansion has also been linked to lower eviction rates, *see* Heidi L. Allen *et al.*, *Can Medicaid Expansion Prevent Housing Evictions?* 38 Health Aff. 1451, 1454-56 (2019), https://www.healthaffairs.org/doi/10.1377/hlthaff.2018.05071, and fewer payday loans, *see* Heidi Allen *et al.*, *Early Medicaid Expansion Associated with Reduced Payday Borrowing in California*, 36 Health Aff. 1769, 1772-75 (2017), https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2017.0369. In sum, greater Medicaid availability has led to increased access to health care and better health outcomes measured by a wide range of metrics.

E. Medicaid Rights, Including the Freedom to Choose Providers, Are Vitally Important in Rural Areas.

Medicaid provides a key source of health care coverage in rural areas of the United States. A 2023 study found that Medicaid covered 47% of children and 18% of adults in small towns and rural areas,

compared to 40% of children and 15% of adults in urban counties. Aubrianna Osorio *et al., Medicaid's Coverage Role in Small Towns and Rural Areas*, Georgetown Univ. Center for Children & Families (August 2023), https://ccf.georgetown.edu/2023/08/17/medicaids-coverage-role-in-small-towns-and-rural-areas/#:~:text=Medicaid's%20Importance%20for%20Rural%20Areas,metro%20counties%20has%20held%20steady. This is a conservative estimate, given that the U.S. Census typically undercounts Medicaid coverage. *Id*. South Carolina, along with Arkansas, Louisiana, and New Mexico, have the largest share of children in rural areas covered by Medicaid, and Arkansas and Virginia have the biggest gap between Medicaid/CHIP coverage for children in rural versus urban areas. *Id*.

Rural areas tend to have lower household incomes, lower workforce participation rates, and higher rates of disability–all of which are associated with Medicaid eligibility. *See* Jack Hoadley *et al., Health insurance coverage in small towns and rural America: The role of Medicaid expansion* (Sept. 2018), available at https://ccf.georgetown.edu/2018/09/25/health-insurance-coverage-in-small-towns-and-rural-america-the-role-of-medicaid-expansion/#heading-5. Rural residents are also less likely to be covered by employer-sponsored health insurance and more likely to be covered by Medicare and Medicaid or to be uninsured than their urban counterparts. *Id*. Uninsured rates for low-income adults in rural areas declined three times faster in Medicaid expansion states compared to non-expansion states. *Id*.

Rural communities also experience disparities in access to care and treatment outcomes. People facing cancer and survivors who live in rural communities are more likely to have limited incomes, experience

financial hardship, and die from cancer than their urban counterparts. *See* Kelly D. Blake *et al, Making the Case for Investment in Rural Cancer Control: An Analysis of Rural Cancer Incidence, Mortality, and Funding Trends*, 26 Cancer Epidemiology, Biomarkers & Prevention 992-997 (2017), https://pmc.ncbi.nlm.nih.gov/articles/PMC5500425/. Individuals diagnosed with cancer who reside in rural areas are often diagnosed at later stages; are less likely to receive standard-of-care treatment, follow-up, or supportive services; and have worse health outcomes during survivorship than nonrural residents diagnosed with cancer. *Id.* Another such study found that, among patients with colon cancer, rural residency was associated with later stage at diagnosis, fewer lymph nodes tested, lower likelihood of receiving chemotherapy, and worse cancer-specific mortality. *See* Christopher J. Chow *et al., Does Patient Rurality Predict Quality Colon Cancer Care? A Population-Based Study* 58:4 Diseases of the Colon and Rectum 415 (2015), https://pmc.ncbi.nlm.nih.gov/articles/PMC4356018/.

Residents of rural areas have fewer health care providers in proximity; they generally must travel further for appointments and have less access to public transportation, so they are more likely to miss out on health care. Osorio *et al.*, *Medicaid's Coverage Role in Small Towns and Rural Areas, supra.* Allowing states to further shrink the ranks of qualified providers for reasons having nothing to do with competence hits rural areas particularly hard.

II. Section 1983 Is Critical to Medicaid Patients' Ability to Enforce Their Right to Freely Choose Among Willing, Qualified Providers.

The free-choice-of-provider right has been a key feature of Medicaid since 1967. Freedom of access to qualified providers goes hand in hand with Medicaid's primary goal of increasing access to health care. For decades, Section 1983 has played a vital role in ensuring Medicaid provides access to health care as intended. Eliminating Section 1983 as an enforcement mechanism would leave Medicaid beneficiaries, who are by definition individuals with low incomes, without any effective remedy for deprivations of access to health care.

Few aspects of health care are as personal and individualized as the right to freely choose a physician from whom to seek care. Indeed, denying choice of providers compromises the patient-physician relationship; patients are more likely to seek treatment, to confide and trust in their physician, and to follow the physician's care plan if they have freely chosen to seek care from that physician. Worse outcomes ensue when a patient delays or foregoes treatment altogether due to burdensome, unpalatable, or unavailable providers. Medicaid beneficiaries have no other option to enforce their right to choose their provider than doing so via Section 1983. Vigorous enforcement of this right reduces those unfortunate, and in some instances, devastating, outcomes. In practice, no other remedy could match Section 1983's efficacy in guaranteeing access to care and promoting positive health care options.

CONCLUSION

For these reasons, the judgment of the Court of Appeals should be affirmed.

Respectfully submitted,

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