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

**IN THE UNITED STATES COURT OF APPEALS**
**FOR THE FIRST CIRCUIT**

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.; PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS; AND PLANNED PARENTHOOD ASSOCIATION OF UTAH,

*Plaintiffs-Appellees*,

v.

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

*Defendants-Appellants.*

On Appeal from the United States District Court
for the District of Massachusetts in Case No. 1:25-cv-11913

# BRIEF OF *AMICI CURIAE* LOCAL GOVERNMENTS AND LOCAL GOVERNMENT LEADERS IN SUPPORT OF APPELLEES AND IN SUPPORT OF AFFIRMANCE OF THE PRELIMINARY INJUNCTION

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## STATEMENT OF INTEREST

*Amici* are forty-two cities, counties, and local government leaders from across the country.[1] *Amici* write in strong support of affirmance of the district court's grant of a preliminary injunction to ensure that Medicaid funding continues to be disbursed to all qualified healthcare providers in *amici*'s communities. Local governments have an obligation and a right—long recognized by the U.S. Supreme Court—to safeguard the public health of their communities. *See Jacobson v. Massachusetts*, 197 U.S. 11, 27 (1905) ("[A] community has the right to protect itself against an epidemic of disease which threatens the safety of its members."). *Amici* write to honor those obligations and rights, to ensure that all available and willing providers can provide healthcare in their jurisdictions.

*Amici* represent jurisdictions of varying sizes, demographics, and regions. And all *amici* serve people who access healthcare through Medicaid, which operates in all fifty states and is the largest source of funding for health-related services for low-income people across the country. Some of *amici*'s jurisdictions deliver services directly as providers of last resort in their communities, offering hospital services and health clinics to underinsured and uninsured populations. Others focus on broad

[1] No party or party's counsel authored this brief in whole or in part. No party or party's counsel contributed money intended to fund preparation or submission of this brief. A list of all *amici* is provided at Appendix A. Pursuant to Fed. R. App. P. 29(a)(2), all parties have consented to the filing of this brief.

public health initiatives like education campaigns and disease prevention. All *amici* govern amidst a growing nationwide medical provider shortage.[2]

*Amici* have significant interest in protecting access to medical care, including reproductive and sexual healthcare and family planning services, for their most vulnerable residents. Section 71113 of the Reconciliation Act (the "Defund Provision"), Pub. L. No. 119-21, 139 Stat. 72 (2025), threatens to reduce the number of available Medicaid providers nationwide in unprecedented ways by unconstitutionally targeting health centers associated with Planned Parenthood, which are a vital part of the healthcare ecosystem. Reducing the number of available providers will diminish patient access and undermine *amici*'s ability to maintain public and community health. This Court should affirm the district court's injunction.

## SUMMARY OF ARGUMENT

The Defund Provision impermissibly targets Appellees and unconstitutionally deprives them of federal Medicaid reimbursements. By targeting the largest nationwide provider of essential reproductive and family planning healthcare, the

[2] *See* Eli Adashi et al., Commentary, *The National Physician Shortage: The Imperative of Congressional Action*, 137 Am. J. Med. 1030, 1030 (2024), https://perma.cc/QRF3-YUC3 (noting that the National Center for Health Workforce Analysis of the Health Resources and Services Administration projected a total national shortage of 57,259 physicians in 2025, which will only increase over time).

Defund Provision will exacerbate the scarcity of both primary and reproductive care in many of *amici'*s jurisdictions and nationwide, burdening local governments and the residents they serve. The loss of services to Medicaid patients will result in significant disruptions to care in *amici'*s communities, and insufficient or delayed access to healthcare providers will lead to poorer health outcomes among our most vulnerable residents. A material decrease in Medicaid healthcare providers will then lead more of *amici*'s residents to rely on city- and county-run providers to fill the healthcare void, overwhelming them and other local healthcare systems.

Beyond the direct impact on the healthcare ecosystem and public health, the Defund Provision will also burden local budgets and economies. This collateral damage of the Defund Provision on public health will be especially challenging to offset amidst the volatile landscape of vanishing federal funds that has disrupted local budgets this year, including in the healthcare sector. For these reasons and those below, if not enjoined, the Defund Provision will continue to put both the public health of *amici*'s constituents and the broader operations of local governments at risk.

## ARGUMENT

### I. IF NOT ENJOINED, THE DEFUND PROVISION WILL HARM THE HEALTH OF AMICI'S RESIDENTS AND SET BACK AMICI'S PUBLIC HEALTH EFFORTS.

The district court correctly determined that the balance of the hardships and public interest factors favored preliminary injunction relief. *See* July 28 PI Order, Dkt. 69 at 53–55. Restricting access to Medicaid providers is a public interest factor that supports a preliminary injunction, *see Rio Grande Cmty. Health Ctr., Inc. v. Rullan*, 397 F.3d 56, 77 (1st Cir. 2005), and this Court is not alone in understanding public health as a public interest more broadly. *See, e.g.*, *Banzhaf v. F.C.C.*, 405 F.2d 1082, 1096 (D.C. Cir. 1968) ("[W]e think the public interest indisputably includes the public health."); *Nat'l Immigr. Proj. of Nat'l Laws. Guild v. Exec. Off. of Immigr. Rev.*, 456 F. Supp. 3d 16, 34 (D.D.C. 2020) ("It goes almost without saying, of course, that promoting public health . . . is in the public interest.").

*Amici* can speak to the public interest factor firsthand. Local governments have a responsibility to protect the health, safety, and general welfare of their residents, including by closing racial and economic inequalities in healthcare access and health outcomes. Access to providers who accept Medicaid demonstrably improves health outcomes at the individual and community level. Illegally targeting Planned Parenthood for defunding reduces access to a key Medicaid provider in many of *amici*'s communities, harming their residents. It also harms healthcare

systems and public health departments operated by local governments by removing a key partner in the provision of healthcare.

### A. MEDICAID ACCESS, INCLUDING THROUGH HEALTHCARE PROVIDERS LIKE APPELLEES, IS CRITICAL TO PUBLIC HEALTH.

Access to Medicaid plays a critical role in helping local governments maintain healthy communities, delivering measurably better outcomes for qualifying patients. Over seventy million people are enrolled in Medicaid nationwide,[3] including many of *amici*'s residents who rely on Medicaid to access healthcare. To help illustrate, over seven hundred thousand of Harris County's residents receive coverage through Medicaid.[4] In another example, nearly a third of residents in Pima County, Arizona were covered by Medicaid in 2023.[5] Medicaid covers more than sixteen million women of reproductive age and is the largest source of public funding for family planning services, funding more than four in ten births in the United States.[6]

Medicaid access, including through healthcare providers like Appellees, serves reproductive, family planning, and broader healthcare needs, leading to

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[3] *June 2025 Medicaid & CHIP Enrollment Data Highlights*, Ctrs. for Medicare & Medicaid Servs., https://perma.cc/69CF-77CB.

[4] *Final Count – Medicaid Enrollment by County – January 2025*, Tex. Health & Hum. Servs. Comm'n (Aug. 2025), https://perma.cc/2PE7-B3FC.

[5] *See Medicaid Coverage in Arizona Counties, 2023*, Georgetown Univ. McCourt Sch. of Pub. Pol'y, Ctr. for Children & Families, https://perma.cc/VS2Z-QT52.

[6] *Policy Priorities: Medicaid*, Am. Coll. of Obstetricians & Gynecologists, https://perma.cc/LC9T-KX5G.

improved health outcomes for *amici*'s residents and for patients nationwide.[7] Expansion of Medicaid has been linked to reduced maternal mortality rates, including those for groups with historically higher rates like Black mothers[8] and low-income mothers,[9] and reduces postpartum hospitalizations.[10] Medicaid coverage also leads to earlier detection of a number of diseases and medical conditions, including cancer.[11] Early detection, in turn, improves health outcomes for afflicted patients and

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[7] *See* Julia Paradise & Rachel Garfield, *What Is Medicaid's Impact on Access to Care, Health Outcomes, and Quality of Care? Setting the Record Straight on the Evidence*, Kaiser Fam. Found. (Aug. 2, 2013), https://perma.cc/SR32-L8KR.

[8] Erica L. Eliason, *Adoption of Medicaid Expansion Is Associated with Lower Maternal Mortality*, 30 Women's Health Issues 147, 149–50 (2020) https://perma.cc/84KF-XLC7.

[9] Jean Guglielminotti et al., *The 2014 New York State Medicaid Expansion and Severe Maternal Morbidity During Delivery Hospitalizations*, 133 Int'l Anesthesia Rsch. Soc'y 340 (2021), https://perma.cc/PXP5-HP38 (The 2014 Medicaid expansion in New York state was "associated with a small but statistically significant decrease in severe maternal morbidity in low-income women compared with high-income women.").

[10] Maria W. Steenland & Laura R. Wherry, *Medicaid Expansion Led to Reductions in Postpartum Hospitalizations*, 42 Health Affs. 18, 18 (Jan. 2023), https://perma.cc/X34N-N7WW.

[11] *See, e.g.*, Cathy J. Bradley et al., *Role of Medicaid in Early Detection of Screening-Amenable Cancers*, 31 Cancer Epidemiol. Biomarkers Prev. 1202 (2022), https://perma.cc/EMU7-EXRG (discussing the importance of Medicaid coverage of early breast and cervical cancer screening); *Early and Periodic Screening, Diagnostic, and Treatment*, Ctrs. for Medicare & Medicaid Servs., https://perma.cc/8DVD-VGV2 (discussing the importance of Medicaid coverage for early vision, hearing, and other screening of children and adolescents under twenty-one years old).

is central to effective management of public health risks.[12] Access to Medicaid providers like Planned Parenthood also reduces health disparities across racial, socioeconomic, and geographic lines,[13] filling in gaps where care is not otherwise accessible.

Planned Parenthood is among the Medicaid providers that deliver a range of healthcare services, including "contraception… preventive care visits, physical exams, clinical breast exams, screening for cervical and breast cancer, sexually transmitted infection ("STI") screening, testing and treatment, pregnancy testing and counseling, pre-exposure prophylaxis for HIV prevention, the HPV vaccine, and health education services." Appx. at A128. More than half of patients receiving

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[12] Bruria Adini et al., *Earlier Detection of Public Health Risks – Health Policy Lessons for Better Compliance with the International Health Regulations (IHR 2005): Insights from Low-, Mid- and High-Income Countries*, 123 Health Pol'y 941, 942 (2019), https://perma.cc/TB3U-98VG.

[13] *Medicaid Expansion Helps Address Health Disparities*, Ctrs. for Medicare & Medicaid Servs., https://perma.cc/EX4P-JSUR (last visited Mar. 6, 2025) (the government has since removed this page, which explained that extending healthcare coverage to more low-income people, including through Medicaid, reduces health disparities between people of color and others in the United States); Yilu Lin et al., *Effects of Medicaid Expansion on Poverty Disparities in Health Insurance Coverage*, 20 Int'l J. for Equity in Health 1, 2, 9 (July 26, 2021), https://perma.cc/TG2N-2FRQ; *From Maternal Health to Long-Term Care: Medicaid is Vital for Women's Lifelong Health*, Nat'l P'ship for Women & Families (Dec. 2024), https://perma.cc/7BEU-EDGA (Medicaid disproportionately covers women of color and finances 61% of births in Louisiana, 57% of births in Mississippi, 55% of births in New Mexico, and 51% of births in Oklahoma.).

healthcare services from Planned Parenthood rely on Medicaid. *See* PP Resp. Opp. Stay at 4.

And there exists a growing nationwide shortage of medical providers.[14] Residents in more than 80 percent of counties in America lack sufficient access to primary care providers and hospitals, while over half of U.S. counties do not have a hospital that provides obstetrics care.[15] New $100,000 fees for H-1B visas threaten to exacerbate that shortage.[16] Provider scarcity persists in rural, and even populous parts of the country.[17] This includes providers of reproductive healthcare, whose shortage "represents a serious threat to women . . . who need quality prenatal care, cancer screening, and other vital services."[18] And even where healthcare providers are available, they do not always accept Medicaid or offer timely Medicaid

[14] *See* Adashi, *supra* n.2.

[15] *Nowhere to Go: Maternity Care Deserts Across the US*, March of Dimes 16 (2024), https://perma.cc/72ZF-MAT7.

[16] Webb Wright, *New H-1B Visa Fee Sparks Fears of Physician Shortage in US Hospitals*, ABC4 News (Sept. 29, 2025), https://perma.cc/F4ZF-EGNG.

[17] Roughly 65 percent of rural areas have a shortage of primary care physicians. Tanya Albert Henry, *AMA Outlines 5 Keys to Fixing America's Rural Health Crisis*, Am. Med. Ass'n (June 6, 2024), https://perma.cc/LA4L-XF5G; *Primary Care Health Professional Shortage Areas (HPSAs)*, Kaiser Fam. Found., https://perma.cc/X6CS-CMMA (Across the United States, only 47.23 percent of physician needs are met in designated primary health care professional shortage areas. Over 13,200 additional practitioners would be necessary to meet the need).

[18] Linda Marsa, *Labor pains: The OB-GYN Shortage*, Ass'n of Am. Med. Colls. (Nov. 15, 2018), https://perma.cc/Q94X-DUWB.

services.[19] Planned Parenthood is an important provider in the healthcare landscape, especially given the shortage of available providers and especially for *amici*'s most vulnerable residents.

### B. CONSTRAINING MEDICAID ACCESS BY TARGETING AND DEFUNDING PLANNED PARENTHOOD HARMS *AMICI*'S RESIDENTS.

Planned Parenthood provides a range of vital healthcare services to many of *amici*'s residents, and closures or reductions of care as a result of the Defund Provision will cause harm. As Appellees point out, "[i]n many communities, a Planned Parenthood Member health center is the only place where individuals can receive sexual and reproductive health care services through the Medicaid program." Appx. at A115. When healthcare providers like Appellees close, restructure, or reduce services, healthcare outcomes suffer.

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[19] *See* Michaele Francesco Corbisiero, et al., *Medicaid Coverage and Access to Obstetrics and Gynecology Subspecialists: Findings From A National Mystery Caller Study in the United States*, 228 Am. J. Obstet. Gynecol. 722.e1, 722.e1 (2023), https://perma.cc/Q3P4-QKDS (In a mystery caller study that examined wait times for patients seeking new patient appointments with an obstetrics and gynecology subspecialist, "callers who presented with Medicaid insurance experienced significantly longer new patient appointment wait times than callers with commercial insurance."); Gabriela Weigel et al., *OBGYNs and the Provision of Sexual and Reproductive Health Care: Key Findings from a National Survey*, Kaiser Fam. Found. (Feb. 25, 2021), https://perma.cc/3GM8-3V82 (In a national representative survey of OBGYNs, "(78%) OBGYNs reported their practice accepts Medicaid. Many noted challenges associated with providing care for Medicaid patients, including difficulty finding specialists to accept referrals (73%), and being reimbursed at a lower rate than under private insurance (90%).").

These negative outcomes are not speculation—some *amici* have seen them play out firsthand following efforts to remove Planned Parenthood from Medicaid at the state level. After the Fifth Circuit held in *Planned Parenthood of Greater Texas Family Planning & Preventative Health Services v. Kauffman*, 981 F.3d 347 (5th Cir. 2020), that the free-choice-of-provider provision of Medicaid was not privately enforceable, Texas enacted a yearslong effort to remove Planned Parenthood as a Medicaid provider in the state. Before the removal, about 8,000 Texans used Medicaid to cover reproductive healthcare at Planned Parenthood health centers.[20] Afterwards, patients in Texas faced increasing wait times to receive both routine and urgent reproductive healthcare—which was unsurprising, given that fewer than a third of Texas obstetricians and gynecologists were taking new Medicaid patients.[21] After Planned Parenthood's removal from the state Medicaid program, one policy research group called Medicaid providers located near Planned Parenthood centers under the guise of being a new patient with Medicaid coverage and found that that "[o]nly 14% of sampled providers accepted the caller's Medicaid plan for their requested contraception and had a timely appointment available,"

[20] Anna Chatillon, *Without Planned Parenthood, Texas Medicaid Patients Lose Access to Reproductive Care*, Pub. Health Post (Dec. 6, 2023), https://perma.cc/PX9G-K6DP.

[21] *Id.*

among other challenges.[22] And one woman told a reporter that she had to wait six months for an appointment at a private OB-GYN clinic to receive screening for human papillomavirus—a virus that can cause cancer and requires monitoring—after losing Planned Parenthood as her provider.[23]

This Court has long recognized the public interest harm where the shutdown of a single health center could "adversely affect hundreds of Medicaid patients." *Rio Grande*, 397 F.3d at 77 (affirming preliminary injunction in a case where just one Medicaid provider would be shut down). Here, the Defund Provision threatens *more than one million* Medicaid patients. *See* Appx. at A118. These severe adverse impacts on *amici*'s constituents and Medicaid patients are already in progress nationwide because of the Defund Provision. In some *amici*'s jurisdictions Planned Parenthood facilities have already closed, while targeted facilities in others have

[22] Brooke Whitfield et al., *Timely Access to Contraception at Medicaid Providers Following the Exclusion of Planned Parenthood from Texas' Medicaid Program*, Tex. Pol'y Eval. Project, U.T. Austin (Jan. 2022), https://perma.cc/E595-JXT4.

[23] Shannon Najmabadi, *Low-income Texans Struggle to Find New Doctors as State Officials Boot Planned Parenthood Off Medicaid,* Tex. Trib. (Jan. 19, 2021), https://perma.cc/QT7N-TFFD.

restricted care or are scrambling to seek alternate avenues to provide care.[24] Worse health outcomes will follow. This runs afoul of *amici*'s goals to preserve access to all qualified providers willing and able to serve Medicaid patients, which is critical to advancing residents' health and maintaining health in their communities. By unconstitutionally stripping Planned Parenthood of funding, the Defund Provision harms *amici*'s residents who are covered by Medicaid by limiting, or eliminating altogether, their access to essential healthcare.

### C. CONSTRAINING MEDICAID ACCESS BY DEFUNDING PLANNED PARENTHOOD WILL ALSO HAVE DETRIMENTAL IMPACTS ON LOCAL HEALTHCARE SYSTEMS AND MUNICIPAL HEALTH DEPARTMENTS.

The Defund Provision's reduction of available Medicaid providers will overwhelm city and county-run healthcare systems that offer direct service and will impede public health departments' efforts to support healthy communities, harming the public interest. When the federal government can unilaterally pick and choose which healthcare providers to fund based on an unlawful ideological basis, it is no

[24] *See, e.g.*, Susan Tebben, *Ohio Planned Parenthoods Will Remain Closed, Despite Federal Success in Ongoing Lawsuit*, Ohio Cap. J. (July 30, 2025), https://perma.cc/UM3C-92SW (Ohio Planned Parenthood locations closed as a result of Section 71113); Racquel Stephen, *Local Planned Parenthood Offers Free Care To Patients With Medicaid*, WXXI News (Sept. 22, 2025), https://perma.cc/9CY6-VMUE (facilities in Central and Western New York say they will remain open and provide some free services); Baylor Spears, *Planned Parenthood of Wisconsin is Pausing Abortion Services Due to Trump Legislation*, Wis. Exam'r (Sept. 25, 2025), https://perma.cc/LFB3-HMJX (Planned Parenthood of Wisconsin will stop providing abortions).

surprise that patients and communities lose. This is detrimental for local public healthcare systems and the national medical provider landscape.

Clinic closures and reductions in services resulting from the Defund Provision will certainly harm the public health and devastate access to care for those patients. *See* Appx. at A115. Appellants argue that, in granting the preliminary injunction, the district court "failed to explain why … patients would not be able to obtain care from [other] healthcare providers. . . ." *See* Mot. for Stay at 21. As *amici* have explained above, *see supra Section I.B.*, some patients will seek new providers and face new, additional, and unnecessary challenges to accessing care. Others will not be able to access care at all.

In addition, the pool of providers offering healthcare covered by Medicaid is limited.[25] Many of *amici*'s jurisdictions run either direct healthcare services or public health departments.[26] Some provide services covered by Medicaid or otherwise offer

[25] *See supra* n.20–23.

[26] While spending varies across city, county, township, and other types of local governments, health and hospital spending is usually a top line item on local budgets. *Health and Hospital Expenditures*, Urb. Inst., https://perma.cc/PRZ2-A7NZ (In 2017, local governments, including cities, counties, and townships, spent about 10 percent of their budgets on health and hospitals; health and hospitals were the largest county budget item at 21 percent.). *See also Local Government Responsibilities in Health Care* at iii–iv, U.S. Advisory Comm'n on Intergovernmental Rels. (1994) https://perma.cc/3EK3-X6WJ (in the early nineties, as local government spending on healthcare grew, local governments spent $85 billion per year on healthcare, including $32.8 billion on locally owned and operated hospitals and $13.7 billion on public health services).

free or low-cost services, and some offer some of the same direct services that Planned Parenthood centers do.[27] Those systems and other healthcare providers in *amici*'s jurisdictions are not equipped to handle an influx of patients who rely on Medicaid when they cannot receive healthcare from Planned Parenthood and need to find an alternative Medicaid-accepting or low-cost provider.

Indeed, clinic closures leave remaining healthcare providers, including those run by cities and counties, unable to absorb the new patient load and therefore unable to fulfill their purpose of providing timely, quality service to all patients who need it.[28] For example, a U.S. Government Accountability Office review found that, following hospital closures, nearby hospitals faced increased patient volume.[29] One

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[27] See, e.g., *Metro Public Health Department*, Nashville and Davidson Cnty., https://perma.cc/RVB4-RFVF (providing family planning services, immunizations, and other direct services); *Division of Health*, Hoboken, https://perma.cc/X2VC-FSL8 (investigating spread of certain communicable disease and offering vaccination clinics); *San Francisco Health Network*, City & Cnty of San Francisco, https://perma.cc/QFC5-7EF9 (providing direct health services, from urgent care to family planning).

[28] Institute of Medicine (US) Committee on the Changing Market, Managed Care, and the Future Viability of Safety Net Providers, *America's Health Care Safety Net: Intact but Endangered*, 49 (Marion Ein Lewin & Stuart Altman eds., 2000), https://perma.cc/NR49-HB85 ("[I]f future Medicaid revenues decline (whether because of a drop in the rate of coverage among the patient population or a drop in payment levels for the patient population), core safety net providers must effectively absorb this loss through the use of revenues and services intended to provide care for those without the ability to pay.")

[29] Urban Hospitals: Factors Contributing to Selected Hospital Closures and Related Changes in Available Services, Gov't Accountability Off. (GAO-25-106473) (2025), https://perma.cc/K86U-MLL3.

hospital experienced overcrowding, while another reduced patients' length of stay to accommodate the increase, and hospital representatives noted that even though they were expanding to meet new needs, expansions could take years to complete.[30] One organization examined data on existing healthcare providers and estimated that, if all Planned Parenthood clinics were to close, public health departments that provide contraceptive care would have to absorb a 28 percent increase in patients.[31] Cities and counties that run their own healthcare providers will be required to spend more money to meet these needs, and that money may not be available at all.[32]

In addition to increased cost burdens on cities and counties that provide direct healthcare services, local public health departments' broader public health efforts will be stymied by the closures and reduction in services caused by the Defund Provision. For example, local public health departments and healthcare systems often play a role in tracking and combatting the spread of STIs in order to protect their residents.[33] This Court has recognized that combatting viral diseases is an

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[30] *Id*.

[31] *Federally Qualified Health Centers Could Not Readily Replace Planned Parenthood*, Guttmacher (June 4, 2025), https://perma.cc/MHW2-EVXY.

[32] *See infra* Section II.A. (explaining volatility that local government budgets are facing this year).

[33] *See, e.g.*, *Sexual Health*, Pub. Health Madison & Dane Cnty, https://perma.cc/YNE2-3W3F (offering STI testing, treatments, and immunizations).

important interest. *See Does 1-6 v. Mills*, 16 F.4th 20, 32 (1st Cir. 2021) (finding that a Maine regulation requiring healthcare workers to receive COVID-19 vaccinations furthered a compelling government interest when plaintiffs challenged it as unconstitutional). The availability of Medicaid providers is often key to local governments' public health efforts to combat STIs like HIV and syphilis.[34] Since Planned Parenthood centers also test, treat, and vaccinate against STIs, Appx. at A134, A291, the loss of Planned Parenthood facilities can mean increased spread at the public health level and worsened patient outcomes on the individual level.

Due to persistent governmental attacks on Planned Parenthood over the years, these impacts are not hypothetical. Indeed, in 2019, the City of Columbus experienced negative impacts to its residents' public health when Planned Parenthood chose not to participate in Title X following the implementation of an abortion gag rule. Outcomes for STIs like syphilis worsened in the city, in part due to a decrease in testing. Columbus anticipates significant negative impacts on population health if Planned Parenthood is again excluded from Medicaid, and the

[34] As just one example, Medicaid coverage increases identification of undiagnosed HIV and use of HIV prevention medication, Bita F. Farkhad et al., *Effect of Medicaid Expansions on HIV Diagnoses & Pre-Exposure Prophylaxis Use*, 60 Am. J. Prev. Med. 335 (2023), https://perma.cc/MC8E-EPKA, leading to improvements in care for sexually transmitted diseases. *See also* Francis Lee, et al., *Expanding Medicaid to Reduce Human Immunodeficiency Virus Transmission in Houston, Texas,* 61 Med. Care 12 (Jan. 2023), https://perma.cc/9ZKF-HZXC.

consequences are already in progress this time around: two Planned Parenthood clinics in Ohio have already closed as a result of the Defund Provision.[35]

While some cities and counties offer direct services that overlap with those offered by Planned Parenthood, many are not equipped for the influx of patients that will come with the widespread closures and reduction in services offered by Appellees. And local public health initiatives to support community health, like combatting STIs for the broader population, will suffer from the loss of important providers. By preventing *amici*'s direct healthcare services and public health departments from carrying out their purposes, the Defund Provision harms the public health and therefore the public interest.

## II. IF NOT ENJOINED, THE DEFUND PROVISION WILL BURDEN LOCAL GOVERNMENT BUDGETS AND ECONOMIES.

The Defund Provision will challenge local budgets and harm local economies. This year, both Planned Parenthood and local governments have felt the impact of abrupt cuts and threats to federal funding and grant money, including money that had already been appropriated by Congress and accounted for in organizational and municipal budgeting processes, and including numerous cuts to public health

[35] Tebben, *supra* n.24.

funding and the public health workforce.[36] The reckless treatment of federal funding sources upon which local governments and communities depend has left gaps in municipal budgets, and in this uncertain funding environment it will be challenging or impossible for local governments to come up with extra money in the budget to support healthcare efforts when local Planned Parenthood affiliates reduce services or shut down. Meanwhile, the Defund Provision will also impact local economies by reducing the labor force's access to healthcare and causing layoffs of local Planned Parenthood employees.

### A. THE DEFUND PROVISION WILL CAUSE STRAIN ON MUNICIPAL BUDGETS IN A YEAR WHEN MANY LOCAL GOVERNMENTS ARE ALREADY FACING SIGNIFICANT BUDGET VOLATILITY.

The strain that defunding Planned Parenthood could have on local government budgets where municipalities seek to fill the healthcare gaps caused by clinic closures or reductions in care compounds the significant volatility municipal finances have faced this year. Overall, local governments have lost billions of dollars in funding and services this year as the federal government has terminated grants and programs meant to support local government functions, often without any

[36] Scott Greer et al., *Trump's second presidency begins: evaluating effects on the US health system*, 48 Lancet Reg'l Health - Americas (2025), https://perma.cc/FC5E-V9K2 (describing the impact of the federal government's actions in the U.S. healthcare system in early 2025 as "largely negative," and noting that many "actions, such as mass layoffs of specialist scientific and regulatory staff, will be difficult to reverse.").

warning, and more funding hangs in the balance as various lawsuits are ongoing. The amount of federal dollars that local governments receive ranges, but for many, around a third of local government revenue comes from federal funding.[37] Since the municipal budgeting process for many is a multi-year endeavor for many cities and counties, the disruptions in expected revenue have caused significant funding strains that leave little or no room for many local governments to close healthcare gaps that will be caused by the Defund Provision.

Some of the funding cuts have already eroded public health efforts. For example, in March of this year, Appellant U.S. Department of Health and Human Services (HHS) and other agencies cancelled around $11 billion in Congressionally appropriated grant money directed to states and local governments. *See Harris County v. Kennedy*, 786 F.Supp.3d 194, 222 (D.D.C. 2025); *Colorado v. U.S. Dep't of Health & Hum. Servs.*, —— F.Supp.3d at ——, 2025 WL 1426226, at *1 (D.R.I. May 16, 2025). The termination notices gave "recipients no warning that they [stood] to lose the money." *Colorado*, 2025 WL 1426226, at *4. Local jurisdictions sued and secured a preliminary injunction, with the district court citing the layoffs of local government health employees that the cuts forced and the fact that local governments were forced to draw down on general funds to cover gaps in healthcare

[37] Shannon Braddock & Jill Habig, *To keep communities running, local governments are suing Trump—and winning*, The Hill (Sept. 22, 2025), https://perma.cc/KM3A-GDDH /.

funding. *Harris County*, 786 F.Supp.3d at 219–20.[38] A coalition of states also sued, and that district court likewise granted a preliminary injunction, citing in part the "devastating consequences to their local jurisdictions," including the termination of substance use disorder prevention services for youth in at least eighteen counties in California. *Colorado*, 2025 WL 1426226 at *21, 23–25. Similarly, the federal government is also in the process of cutting National Institute of Health grants to hospitals and universities by billions, reducing or stopping altogether clinical trials and medical research taking place in local communities, impacting both patients and the local economy.[39]

Beyond the volatility of local government funding available for healthcare, local governments have also faced uncertainty in other areas of their budget—which creates uncertainty as to whether money will be available to meet gaps in public health programs that will result from Planned Parenthood closures. For example, sixty local governments are in litigation against the Department of Housing and Urban Development, the Department of Transportation, and the Department of Health and Human Services over billions of dollars in federal grants meant to

[38] Some *amici* are parties to that litigation, and some counsel represent the plaintiffs in that litigation.

[39] Emily Badger et al., *How Trump's Medical Research Cuts Would Hit Colleges and Hospitals in Every State,* N.Y. Times (Feb. 13, 2025), https://perma.cc/JBL3-QFN3.

support local housing, infrastructure, and other initiatives after the agencies imposed new grant conditions on previously awarded grants. *Martin Luther King, Jr. County v. Turner*, —— F.Supp.3d at ——, 2025 WL 2322763, at *2–3 (W.D. Wash. Aug. 12, 2025).[40]

In addition, the spending bill made additional cuts that continue to shift burdens to local governments. For example, the legislation's cuts to the Supplemental Nutrition Assistance Program will require counties to spend significantly more on the program to feed children and seniors beginning in 2027.[41] The legislation also rescinded funding for fifty-five infrastructure projects, from highways to bike trails, and local governments are left scaling back projects or trying to figure out how to fund their completion.[42]

Where local governments already have healthcare infrastructure in place, filling in gaps caused by Planned Parenthood closures is not a simple matter of finding additional money in the budget. Local government budgets are experiencing unprecedented funding instability and cannot easily absorb additional healthcare costs.

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[40] Some *amici* are plaintiffs in that lawsuit and are represented by counsel who authored this brief.

[41] Meredith Moran, *SNAP needs funding and flexibility, county official tells lawmakers*, Nat'l Ass'n of Cntys. (Sept. 17, 2025), https://perma.cc/M3BF-G4YQ.

[42] Catie Edmonson, *Purging 'Equity' Programs, G.O.P Defunded Its Own Roads*, N.Y. Times (Aug. 26, 2025), https://perma.cc/TTP7-9RQJ.

### B. THE DEFUND PROVISION'S REDUCTION OF ACCESS TO HEALTHCARE THROUGH MEDICAID WILL HARM LOCAL ECONOMIES.

The benefits to local governments of patient access to Medicaid providers extends beyond resident health: Healthier local populations lead to healthier local economies.[43] Increased access to healthcare for community members and local employees improves economic and business conditions in *amici*'s jurisdictions. A healthy local population "is a crucial driver of labor productivity, capital investment, and consistent economic growth."[44] Moreover, better employee health mitigates costs of doing business such as "health care costs, human capital costs . . . and productivity costs[.]"[45]

Effective public health efforts, including offering Medicaid coverage, can "produce powerful returns on investment (ROI) for local economies."[46] Family

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[43] *A Healthy Community = A Strong Local Economy*, Int'l City/Cnty. Mgmt. Ass'n (Sept. 15, 2014), https://perma.cc/GKR6-Q8UV ("Engagement with public health to achieve common goals can benefit residents, business and industry, and local governments as they collaborate to build healthier and more economically vibrant communities.").

[44] Shaojie Huang et al., *Does Public Health Influence Economic Performance? Investigating the Role of Governance and Greener Energies for the Case of China*, 10 Frontiers Pub. Health 1, 2 (2022), https://perma.cc/HCU7-5P8H.

[45] Ursula E. Bauer, Commentary, *Community Health and Economic Prosperity: An Initiative of the Office of the Surgeon General*, 134 Pub. Health Reps. 472, 474 (2019), https://perma.cc/P8JP-3JT3.

[46] *Strengthening Economies Through Healthy Communities*, Nat. Ass'n of Cntys., https://perma.cc/RF2R-SM7V.

planning services, like those provided by Planned Parenthood centers, can increase the education and employment of *amici*'s residents. For example, access to contraceptives "significantly reduce[s] the likelihood of a first birth before age 22, increase[s] the number of women in the paid labor force, and raise[s] the number of annual hours worked."[47] One study associated increased access to contraceptives in Colorado with a statistically significant increase in high school graduation rates.[48]

Finally, the Defund Provision has already resulted in planned layoffs at Planned Parenthood centers, adding to unemployment in *amici*'s communities. For example, Planned Parenthood Mar Monte is closing clinics in Gilroy, South San Francisco, San Mateo, Santa Cruz, and Madera, resulting in sixty-two layoffs.[49] But even where clinics do not close, reductions in services and restructuring will result

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[47] Martha Bailey, Abstract, *More Power to the Pill: The Impact of Contraceptive Freedom on Women's Life Cycle Labor Supply*, 121 Q. J. Econ. 289, 289 (2006), https://perma.cc/MQ3W-9FC7.

[48] Amanda Stevenson, *The Impact of Contraceptive Access on High School Graduation*, 7 Sci. Advances (2021), https://perma.cc/68ZH-BA38. *See also* Christine Clark & Emma Rogers, *The Causal Relationship Between Contraception, Abortion, and Economic Well-Being,* Inst. for Women's Pol'y Rsch. (Dec. 2023), https://perma.cc/9JH8-9SL5 (noting that contraception positively impacts women's high school graduation rates, and that "[d]elaying pregnancy and childbearing, even for a short period, can have profound impacts on education outcomes and economic well-being").

[49] Joyce Chu, *San Jose Planned Parenthood Workers Laid Off As Other Clinics Close*, San Jose Spotlight (July 31, 2025), https://perma.cc/E4TF-FS4Q.

in job losses: An additional fifty-eight staff have been let go across Planned Parenthood Mar Monte, including in San Jose, where clinics have not closed.[50]

Ultimately, increased access to care for Medicaid patients serves local governments not only by improving the individual and collective health of their residents but also by enabling them to maintain strong local economies.

## CONCLUSION

For the foregoing reasons and for the reasons provided by Appellees, this Court should affirm the judgment of the district court.

Respectfully submitted,

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[50] *Id*.

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## APPENDIX A—LIST OF *AMICI CURIAE*
### Local Governments

County of Alameda, California

City of Albuquerque, New Mexico

Allegheny County, Pennsylvania

City of Baltimore, Maryland

City of Bellingham, Washington

City of Columbus, Ohio

Dane County, Wisconsin

City and County of Denver, Colorado

City of Evanston, Illinois

Harris County, Texas

City of Hoboken, New Jersey

City of Los Angeles, California

City of Madison, Wisconsin

Marin County, California

City of Minneapolis, Minnesota

Montgomery County, Maryland

City of New York, New York

City of Oakland, California

Pima County, Arizona

City of Portland, Oregon

City of Rochester, New York

City and County of San Francisco, California

City of San José, California

County of Santa Clara, California

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## CORPORATE DISCLOSURE STATEMENT

*Amici curiae* certify that they are governmental entities and officials for whom no corporate disclosure is required pursuant to Federal Rule of Appellate Procedure 26.1.

## CERTIFICATE OF COMPLIANCE

I, Shannon Eddy, hereby certify that:

1. This brief complies with the type-volume limitation of Fed. R. App. P. 29(a)(5) and 32(a)(7)(B) because it contains 5,523 words, excluding the parts of the brief exempted by Fed. R. App. P. 32(f).

2. This brief complies with the typeface requirements of Fed. R. App. P. 32(a)(5) and the type-style requirements of Fed. R. App. P. 32(a)(6) because it has been prepared in a proportionally spaced typeface using Microsoft Word in Times New Roman, size 14.

*/s/ Shannon Eddy*
Shannon Eddy
Public Rights Project

Dated: October 14, 2025

## CERTIFICATE OF SERVICE

I hereby certify that I electronically filed the foregoing 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 further 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/ Shannon Eddy*
Shannon Eddy
Public Rights Project

Dated: October 14, 2025