

Supreme Court Medina Ruling Erodes Public Health Networks

By **Mark Payne**

Law360 (October 21, 2025, 2:09 PM EDT) -- Healthcare advocates in more than a dozen states are bracing for Planned Parenthood's ouster from public benefit programs after a U.S. Supreme Court decision in June. The change could upend healthcare delivery in rural and low-income areas.



People demonstrate in front of the U.S. Supreme Court during arguments in the Medina case in April. State officials are using the decision to remove Planned Parenthood from their public benefits or revisit litigation that could block its Medicaid reimbursements. (Bill Clark/CQ Roll Call via AP Images)

The court found in **Medina v. Planned Parenthood** 📌 that Medicaid beneficiaries **can't sue** if a state policy violates the Medicaid Act's "any-qualified-provider" provision, which allows patients to choose their doctors.

That case stemmed from **litigation** over an executive order in South Carolina, but in the last decade, at least 15 other states have attempted to implement similar policies that would block Planned Parenthood from their Medicaid programs, as part of an anti-abortion effort to hurt the group's finances.

Legal and health policy experts say these changes will likely reduce healthcare options for low-income patients in small communities and weaken public healthcare, mostly for women.

In at least four of those states, officials are already using the Medina decision to either remove Planned Parenthood from their public benefits or revisit litigation that could block its Medicaid reimbursements, even though Medicaid can't be used to pay for abortions.

A Law360 analysis of those 16 states found that at least 112 clinics could lose or have already lost access to state Medicaid reimbursements, barring patients on public benefits from going to those clinics for cancer screenings, contraception and other services not related to abortion.

Jonathan Miller, an attorney and chief program officer for the Public Rights Project, a nonprofit that provides legal support to local governments, said the Supreme Court has given a license to states to remove trusted and qualified healthcare providers.

"It's going to leave people without access to essential care, weaken [the] public health apparatus, put community members at risk. ... In rural or underserved areas, there aren't alternative providers, and for patients who are without reliable transportation or other means, going elsewhere is not an option," he said. "This is going to have devastating impacts on access to care."

While Planned Parenthood continues to see low-income patients, in some instances offering free services, the state-by-state patchwork of coverage after the South Carolina case has left patients and providers scrambling, according to Rebecca Gibrón, the CEO of Planned Parenthood Great Northwest, Hawaii, Alaska, Indiana and Kentucky.

"Patients definitely get confused about what their options are and where they can access care," she said. "And the fact is, cruelty and confusion is the entire point of why these lawmakers are doing this."

Supreme Court Opens the Door

When South Carolina Gov. Henry McMaster, a Republican, removed Planned Parenthood from the state's Medicaid program in 2018, he reasoned in two executive orders that federal funding was indirectly subsidizing elective abortions in states where abortion was illegal.

That decision stripped Julie Edwards of her gynecological care. Edwards has Type 1 diabetes, and her high blood sugar — which has left her mostly blind in one eye and with nerve damage in her feet — would make it dangerous for her to carry a pregnancy to term, she said in court filings. Because of her condition she has also found it difficult to drive long distances, and she lives in Barnwell County, a rural area in the southwest part of the state.

When she sought to get a replacement intrauterine device to prevent pregnancy, she struggled to find adequate care nearby, and one doctor turned her away for being on Medicaid. Eventually, she went to the Columbia Planned Parenthood, where she said the services were "above and beyond my expectations."

"Before I heard that Planned Parenthood was being terminated from Medicaid, I planned to shift all my gynecological and reproductive health care there, such as my annual well-woman exam, because my recent visit was such a positive, affirming experience," she wrote in a court filing. "But I will not be able to continue going there if the services are not covered and I have to pay out of pocket."

Edwards and Planned Parenthood South Atlantic filed a lawsuit, alleging South Carolina's new policy violated the Medicaid Act's "any-qualified-provider" provision that allows beneficiaries to choose their doctors. But in June, the Supreme Court found Edwards couldn't sue, because the Medicaid Act doesn't provide a clear right that's enforceable under the Civil Rights Act.

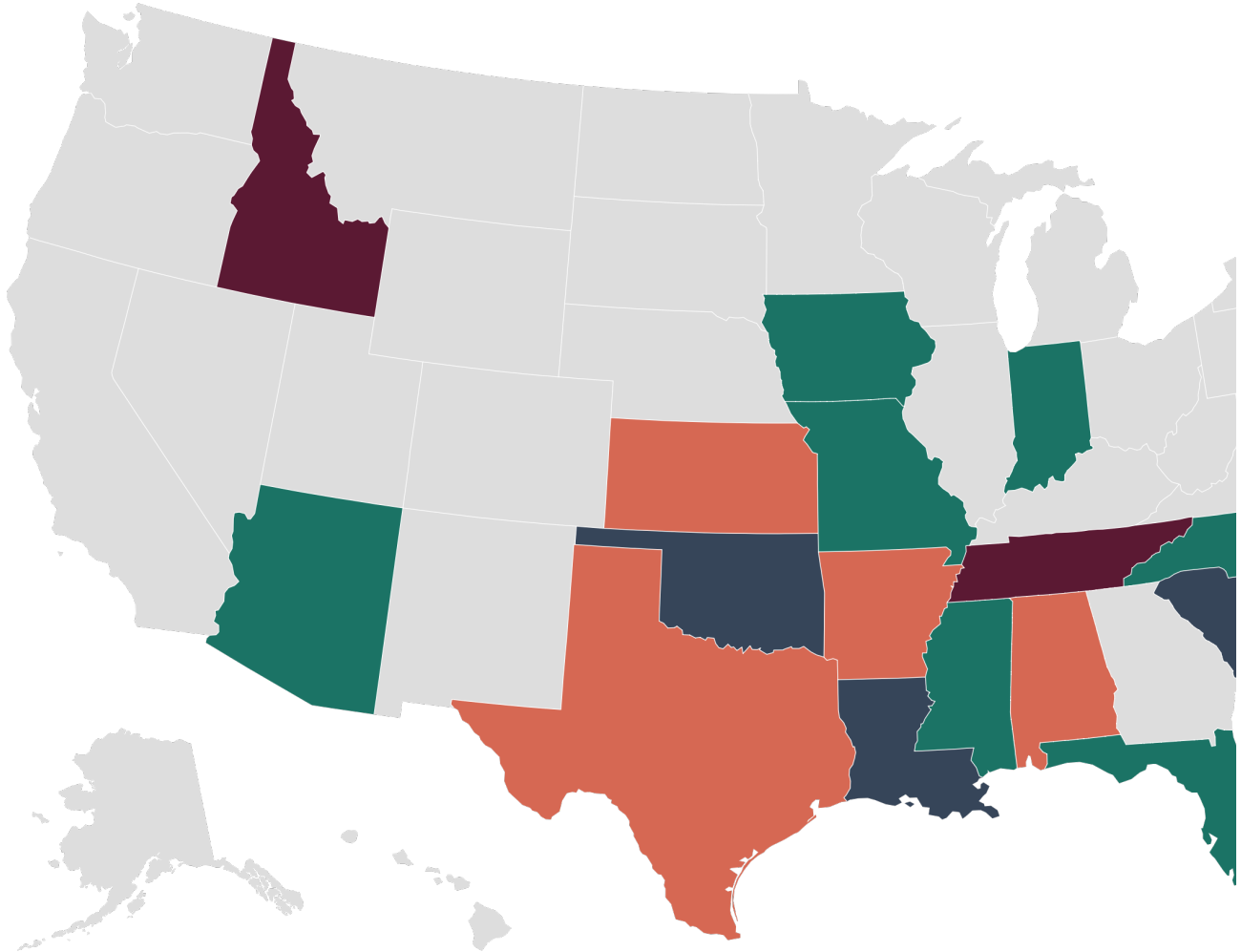
"Though it is rare enough for any statute to confer an enforceable right, spending-power statutes like Medicaid are especially unlikely to do so," Justice Neil Gorsuch wrote for the 6-3 majority.

After Medina, other states pounced on the precedential decision and introduced measures to kick Planned Parenthood out of their programs.

A Patchwork of Planned Parenthood Coverage

Sixteen states have attempted to or have successfully removed Planned Parenthood from their Medicaid programs, through either state actions or federal requests.

■ Executive order ■ Federal waiver ■ Legislation ■ Severed contracts



Source: Law360 Analysis • Created with [Datawrapper](#)

Oklahoma was the first state to do so. In late July, citing Medina, Republican Gov. Kevin Stitt issued an executive order directing state agencies to cut public funding to abortion providers or those connected to abortion providers. Planned Parenthood is the only such provider in the state that accepts Medicaid.

"Oklahoma is a pro-life state, and our policies should reflect that at every level of our government," Stitt said in a statement at the time. "We won't allow tax dollars to indirectly subsidize and flow into the abortion industry under the guise of women's health."

Arizona state Rep. Lupe Diaz, a Republican, also plans to reintroduce a bill to cut off state Medicaid funding to Planned Parenthood and other providers that offer or promote access to abortions in other states.

"I ran a bill that would do this in Arizona," Diaz said on X soon after the Medina decision. "It was vetoed by the governor. Now we have the Supreme Court saying we can do this. I will bring this bill back again next year. We need to do everything we can to save babies."

Indiana is also looking to draw on the Medina decision, with Attorney General Todd Rokita reviving an old lawsuit to enforce a law enacted in 2011 that banned state agencies from holding contracts with organizations that offered abortions.

The **docket** in that case has been inactive since U.S. District Judge Tanya Walton Pratt issued an injunction 12 years ago that paused enforcement of the law. Now, Rokita is seeking to strike down the injunction. Citing Medina, he argued that Judge Pratt and the Seventh Circuit, which affirmed her decision, erred in finding Planned Parenthood had a right to sue under the "any-qualified-provider" provision.

A Lone Star Test Case

Starting in 2011, Texas spent close to a decade working to remove Planned Parenthood from its Medicaid program. A Fifth Circuit **ruling in 2020** upheld the state legislature's move to fully pull funding.

Abortion-rights advocates point to Texas as a bellwether, arguing that defunding Planned Parenthood has led to gaps in reproductive care there that could happen in other states.

In the two years following Planned Parenthood's removal from the state's women's health program in 2013, Medicaid claims in the state for long-acting, reversible contraceptives, such as IUDs, fell 35.5%, according to a paper in the New England Journal of Medicine. Claims for injectable contraceptives fell 31.1%.

Close to 1 million of Harris County's nearly 5 million residents get coverage through the joint federal-state healthcare program for low-income Americans. One of those recipients, who goes by L.M.-S, signed on to an amicus brief in the Medina case.

L.M.-S. sought healthcare in Houston after experiencing domestic violence and sexual assault. With other providers, she said, she was "always placed at the back of waiting lines" because she was on Medicaid.

Planned Parenthood offered her same-day treatment, including testing for sexually transmitted diseases and a Pap smear. She also received referrals for therapy and reconstructive surgery. She said Planned Parenthood helped her overcome "the challenge of [not] receiving immediate medical care."

Texans have "seen where this is going," said Jonathan Fombonne, the deputy county attorney in Harris County, the most populous county in the state.

With the Medina decision upholding Texas' decision to remove Planned Parenthood, 38 Planned Parenthood clinics in that state have been barred from accepting Medicaid.

"I think other states will feel emboldened to remove Planned Parenthood or whichever provider that they want from their Medicaid programs if they have an issue with it, and they know they're not going to face litigation because the Supreme Court said private parties cannot sue to have that statutory right enforced," he said.

Andrew Mahaleris, the press secretary for Texas Gov. Greg Abbott, said that Texas is a "pro-life state" and that is why the governor directed state health agencies to remove Planned Parenthood from Medicaid.

"For too long, states have been forced to subsidize abortion with taxpayer dollars," Mahaleris said. "The Medina decision confirms Texas was right all along, protecting the unborn and ensuring our resources go to helping expectant mothers in need and the most vulnerable among us."

"The Supreme Court's decision in Medina represents a 'significant change in the law' that erodes the foundation for this court's permanent injunction," Rokita said in the brief.

Republican lawmakers in North Carolina have also cited Medina as affirmation of "the rights of states to bar Planned Parenthood from receiving Medicaid funds." A bill to cut funding **passed the Senate** in late September and is back in the House for concurrence.

In Missouri, the state legislature passed a bill in 2024 that cut off Medicaid reimbursements to Planned Parenthood. Then-Attorney General Andrew Bailey, who is now a co-deputy director at the FBI, celebrated the Medina decision on Instagram, saying, "SCOTUS has affirmed that Missouri tax dollars do not have to fund the unlawful and repugnant actions of Planned Parenthood."

South Carolina, Idaho and Tennessee have all submitted Section 1115 waiver applications to the Centers for Medicare & Medicaid Services in the past seven years, which would enable them to alter their state Medicaid programs to remove Planned Parenthood, according to KFF, a nonpartisan health policy and research organization.

Some Southern states had blocked Planned Parenthood long before the Medina decision. In Louisiana, then-Republican Gov. Bobby Jindal attempted to cancel Planned Parenthood's contracts with the state in 2015. A federal district court later ruled that the move violated the "any-qualified-provider" provision, but the decision was overturned by the Fifth Circuit in 2020.

That same appellate ruling upheld the Texas Legislature's decision to remove Planned Parenthood from the state's Medicaid program. The Medina decision affirmed the Fifth Circuit's order.

What the Numbers Show

It's difficult to parse how many patients may be affected by these changes.

Only three states responded to Law360's Freedom of Information Act requests for data on the number of people who have visited potentially affected clinics, how much Medicaid money is reimbursed to those clinics, and the types of services they offer.

Data from South Carolina's Department of Health and Human Services showed that 1,974 unique patients visited the state's two Planned Parenthood clinics in fiscal years 2020 to 2024. The state reimbursed those clinics \$475,568 over the five years.

Julia Walker, a spokesperson for Planned Parenthood South Atlantic, told Law360 that across the four states in its affiliate program — South Carolina, North Carolina, Virginia and West Virginia — roughly 13% of patients going to its clinics use Medicaid. In South Carolina, about 4% do. So the loss of Medicaid dollars won't shut down the organization, according to Walker.

"The real financial impact is being felt by the patients who have come to rely on their Medicaid to access basic preventive care at our health centers," she said.

Joan Feldman, chair of the health law practice at Shipman & Goodwin LLP, said those patients will have to find new providers.

"Medicaid patients often struggle to access private providers who don't participate in Medicaid, or if they do, limit the number of patients they see," she said.

Most of the South Carolina reimbursements went to family planning services and family preconception services, including pregnancy prevention counseling, contraception, hysterectomies, vasectomies, physical exams, health screenings, and other non-abortion-related services.

The same is true in Idaho and Iowa, according to data provided by those states.

From July 2023 through June 2025, Iowa reimbursed Planned Parenthood more than \$1.5 million for family planning services. Planned Parenthood's two clinics saw 12,579 patients during that time and billed for 31,530 claims, according to data obtained by Law360 from the Iowa Department of Health and Human Services.

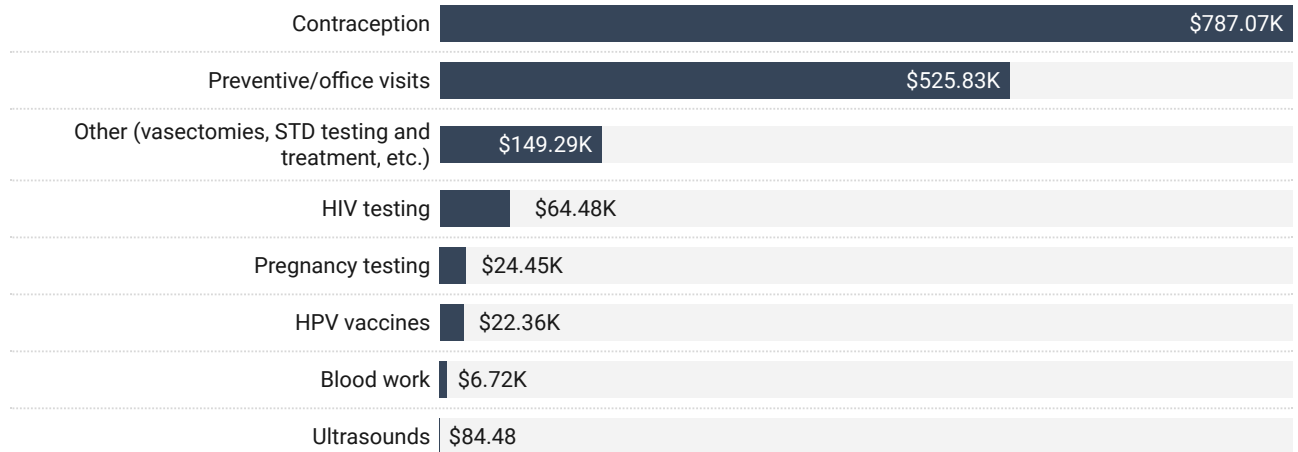
Roughly 53% of those funds were given for contraception and around 35% for preventative care and office visits.

In Idaho, Planned Parenthood treated 5,645 Medicaid recipients in fiscal years 2020 to 2024. State reimbursements totaled nearly \$1.6 million, with nearly two-thirds of those funds allocated to contraception.

Contraception Leads Planned Parenthood Care in Idaho, Iowa

Since elective abortion is illegal in both states, Planned Parenthood has mostly provided contraception care in the past five years. It also offers cancer screenings, pregnancy testing, treatment and testing for sexually transmitted diseases, and preventive healthcare — all of which could be affected by the Medina decision.

Click to view: [Iowa](#) [Idaho](#)



Source: Idaho Department of Health and Welfare and Iowa Department of Health and Human Services. Created with [Datawrapper](#)

Since the 1970s, the Hyde Amendment has barred Medicaid from paying for abortion, said Tim Jost, a professor of law emeritus at Washington and Lee University School of Law, and so Medina decided whether Medicaid patients could go to Planned Parenthood for other services, like preventive care, testing and contraception.

"This was not a case about abortion," he said. "Abortion hasn't been covered under Medicaid for decades, and it was never about whether Planned Parenthood could provide abortions covered by Medicaid. Rather, it was whether Planned Parenthood could provide any services covered by Medicaid."

"It's going to have a pretty devastating impact, because there isn't any way they're going to be able to get those services, or they're going to be much harder to access," Jost said.

Between 2020 and 2024, the clinics in Idaho had close to 7,500 unique patient visits, with around 50% of those patients living at or below the federal poverty level, according to Nicole Erwin, a spokesperson for Planned Parenthood Great Northwest Hawaii, Alaska, Indiana and Kentucky.

"Every one of them deserves access to safe, affordable, nonjudgmental care and every one of them is at risk if these cuts go through," Erwin said.

Idaho's Planned Parenthood Twin Falls closed in December, leaving only the Meridian Health Center location open. A third location in Boise closed in 2022, after a leak of the high court's [Dobbs v. Jackson Women's Health Organization](#) decision indicated it would overturn federal protections for abortion access and trigger Idaho's abortion ban. Planned Parenthood said the closure was part of a strategic review of clinics in the Great Northwest.

The Dobbs ruling has already offered a glimpse of what it's like to live in a state with limited access to care. Providers at Women's Health Associates, which never offered elective abortions, must now send patients across state lines into Oregon, according to Scott Tucker, the clinic's practice administrator, as opposed to Planned Parenthood's nearby Meridian clinic, which, under state law, can now only offer

abortions in medical emergencies.

"Instead of being able to say, 'Go 20 minutes down the road to Meridian,' now they have to go 45 minutes down the road to Oregon," he said.

Those geographic challenges may become worse after Medina, according to Planned Parenthood's Gibron. If clinics continue to close, patients in rural areas could face rough roads to access reproductive care.

"We're very mountainous," she said. "During several months in the winter, some of our roads you can't get through because of the snow."

Not everyone agrees that the Medina decision will limit access. Mark Shaffer, a clinical associate professor of family and preventive medicine at the University of South Carolina School of Medicine and a practicing doctor in the state, speaking on his own behalf, told Law360 that the decision is unlikely to affect access to care in his state.

"There are many Medicaid providers able to provide gynecologic care, including family planning, throughout our state," he said. On its website, The South Carolina Department of Public Health lists clinics in all 46 of the state's counties that offer family planning services, such as birth control.

A.J. McWhorter, a spokesperson for the Idaho Department of Health and Welfare, said that if patients can no longer get care at Planned Parenthood that "Idaho Medicaid will support participants in finding a new provider if needed."

In South Carolina, the Department of Health and Human Services works with 1,200 providers across the state, according to spokesperson Colleen Mullis. She said the department will work with public and private providers to ensure Medicaid recipients have access to care.

What Comes Next?

Doctors in states that have yet to try to remove Planned Parenthood are also concerned about the impact of Medina.

Maria Phillis, an OB-GYN and a former practicing attorney in Cleveland, said the decision will likely lead to the closure of clinics across the country.

This will have a domino effect, she said. Patients won't seek care, and they will skip screening for diseases that could be detected at early stages, she said.

"We're going to be seeing ... patients at more advanced stages of disease and having more situations in which patients are being given diagnoses that could have been avoided if they had appropriate care," she said.

Clinic closures could be more widespread, due to Congress' passage in July of the One Big Beautiful Bill Act, which contains a provision cutting all Medicaid funding to Planned Parenthood nationwide for one year.

Though the funding pause would expire in September, the law's nationwide exclusion could have more of an impact than Medina, according to Sara Rosenbaum, a health law professor and the founding chair of the Department of Health Policy at George Washington University's Milken Institute School of Public Health.

"I think that issue in Medina has now been sort of eclipsed by the One Big Beautiful Bill Act, which excludes nearly all Planned Parenthood from Medicaid, period," she said.

So far, the legal strategy to hold up that legislation in court has had limited success. Twenty-two states sued in Massachusetts federal court to challenge the provision, and U.S. District Judge Indira Talwani issued preliminary injunctions keeping in place Medicaid reimbursements to all affiliates of Planned Parenthood after finding the defunding measure was likely an unconstitutional "bill of attainder" with the

sole purpose of punishing Planned Parenthood.

But the First Circuit in September paused the injunctions. The appellate panel didn't explain its reasoning, but the federal government had argued that courts can't block "the government from enforcing an act of Congress that established a new limit on Medicaid spending."

The Massachusetts district court is still working through the merits of the case.

A Ripple Effect

Regardless of the outcome of that case, the Medina decision could soon have implications beyond Planned Parenthood, empowering state governments to choose which providers participate in their Medicaid programs and ousting doctors who provide other healthcare services targeted by conservative politicians.

Feldman of Shipman & Goodwin told Law360 that providers who offer transgender care are concerned that they could eventually lose funds.

"I think that Planned Parenthood is most likely step one in the effort to defund or remove providers who provide this service from Medicaid," Feldman said.

Roughly 185,000 transgender adults use Medicaid as their health insurance, according to the UCLA School of Law Williams Institute's Medicaid report from May.

Eleven states have policies that explicitly say Medicaid won't fund transgender healthcare for all ages, according to a study from the Movement Advancement Project.

The Medina decision may allow states to remove providers from their Medicaid programs if they provide this care, according to Rosenbaum, the GWU law professor. States could simply bar doctors from the program, as opposed to telling them the state won't pay for certain services.

"In that case, you've got the same kind of violation as exists in Medina, which is a provider being punished for one type of procedure by being locked out of the program entirely," she said.

But Planned Parenthood will offer a variety of payment options, such as a sliding scale and self-pay discounts, to dull Medina's impact, according to Ruth Richardson, the president and CEO of Planned Parenthood North Central States.

"Attacks on Medicaid at the federal or state level won't stop Planned Parenthood health centers from showing up for patients and the community," she told Law360 in a statement.

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