No. 11-400

In The Supreme Court of the United States

STATE OF FLORIDA, ET AL.,

Petitioners,

v.

UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES, ET AL.,

Respondents.

On Writ Of Certiorari To The United States Court Of Appeals For The Eleventh Circuit

BRIEF OF DAVID SATCHER, M.D., Ph.D.; ALLIANCE FOR CHILDREN AND FAMILIES; AMERICAN ASSOCIATION OF PEOPLE WITH DISABILITIES; AMERICAN ASSOCIATION OF UNIVERSITY WOMEN; CHILD WELFARE LEAGUE OF AMERICA; CHILDREN'S DEFENSE FUND; THE EDUCATION TRUST; LEAGUE OF WOMEN VOTERS; METHODIST HEALTHCARE MINISTRIES; NATIONAL ASSOCIATION OF GIRLS AND WOMEN IN SPORT; NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE; NATIONAL COUNCIL ON INDEPENDENT LIVING; NATIONAL FOSTER PARENT ASSOCIATION; NATIONAL ORGANIZATION OF STATE ASSOCIATIONS FOR CHILDREN; NORTH AMERICAN COUNCIL ON ADOPTABLE CHILDREN; PARALYZED VETERANS OF AMERICA; VET TO VET; VOLUNTEERS OF AMERICA; WOMEN'S SPORTS FOUNDATION; YWCA USA; AND 59 OTHER ORGANIZATIONS AS *AMICI CURIAE* IN SUPPORT OF RESPONDENTS (MEDICAID)

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INTEREST OF THE *AMICI*

Amici are former Surgeon General David Satcher and a diverse group of child welfare, disability, education, health care, women's sports, veterans, and other organizations who are concerned that petitioners' argument against the Affordable Care Act's Medicaid expansion would unduly limit Congress's authority under the Spending Clause, U.S. Const., Art. I, § 8, cl. 1.[1] That argument, if accepted, would put at constitutional risk an array of federal statutes both in and out of the medical care context – statutes in which *amici* have an acute interest. *Amici* are listed and described in the Appendix to this brief.

SUMMARY OF ARGUMENT

Petitioners argue that the Affordable Care Act's Medicaid expansion unconstitutionally coerces state choices. *South Dakota v. Dole*, 483 U.S. 203, 211 (1987). Petitioners' arguments prove far too much and are inconsistent with this Court's precedents and basic federalism principles.

A. The large amount of money the federal government offers the states under Medicaid cannot make

[1] Counsel for the parties have filed with the Clerk blanket consents to the filing of *amicus* briefs in this matter. No counsel for a party authored this brief in whole or in part, and no person or entity other than *amici* and their counsel made a monetary contribution to the preparation or submission of this brief.

the conditions attached to that program unconstitutionally coercive. To hold that it did would render the Medicaid Act – even before the Affordable Care Act's amendments – unconstitutional, and it would put at constitutional risk an array of federal education, child welfare, and other statutes enacted pursuant to the Spending Clause. But this Court's precedents make clear that the size of a federal grant does not provide a proper basis for invalidating a condition on that grant as coercive. For the financial inducement offered by Congress to become unconstitutionally coercive, that inducement must, at a minimum, deprive the state of something to which the state is otherwise entitled. See *College Sav. Bank v. Florida Postsecondary Educ. Expense Bd.*, 527 U.S. 666, 687 (1999); *New York v. United States*, 505 U.S. 144, 174-177 (1992). As this Court has explained, "Congress has no obligation to use its Spending Clause power to disburse funds to the States; such funds are gifts." *College Savings Bank*, 527 U.S. at 686-687. For a state, as for anyone else, the larger the gift that is offered, the more likely it is to be accepted. Medicaid, in particular, offers quite valuable consideration to states in exchange for participating – and this is especially so for the Medicaid expansion, which the federal government will subsidize at an unusually high rate. But that merely shows the value of the gift the federal government offers, not that it is coercive.

B. That "the Medicaid funds used to induce the States come from their own taxpayers" (Pet. 22; accord Pet. Br. 23, 27, 43, 53)[2] is of no constitutional moment. Petitioners' argument to the contrary, which would render coercive any conditional spending paid for by general federal taxes, is inconsistent with basic principles of federalism. As this Court's cases make clear, "the State and Federal Governments" have "concurrent authority over the people." *Printz v. United States*, 521 U.S. 898, 919-920 (1997). When the federal government collects taxes from people, it does not tax them as a state's residents. It taxes them "in their individual capacities" as "the people of America." *U.S. Term Limits, Inc. v. Thornton*, 514 U.S. 779, 839 (1995) (Kennedy, J., concurring) (internal quotation marks omitted). See also U.S. Const., Amend. XVI. In our federal system constructed according to these principles, the fact that the federal government taxes the same people as do the states does not deprive the states of anything to which they are entitled. Accordingly, it cannot be held to coerce the states into accepting conditional federal grants.

C. That Congress has imposed new, purely prospective conditions on the acceptance of Medicaid funds does not make the conditions coercive. Congress was under "no obligation" to give states funds to provide Medicaid in the first place, *College Savings*

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[2] In this brief, references to the petition for *certiorari*, brief on the merits, and *amicus* briefs are to filings in No. 11-400, which presents the Medicaid expansion question.

Bank, 527 U.S. at 686, and those funds do not become any less a "gift or gratuity," *id.* at 687, because Congress has provided them for a long period of time. Petitioners' argument that the states are so "dependen[t] on existing Medicaid funding" that they have no choice but to accept any conditions on continued receipt of that funding (Pet. Br. 41) is inconsistent with basic principles of federalism and governmental accountability. Moreover, it would render Medicaid unconstitutional even in the absence of the changes Congress effected in the Affordable Care Act, and it would put at constitutional risk other large and entrenched federal spending programs.

D. That Members of Congress may have expected all states to continue to participate in Medicaid does not bespeak coercion. All states participated in Medicaid before the Affordable Care Act expanded coverage, and, wholly independent of coercion, it would not be surprising that all would continue to participate in the program once the statute's nearly-fully-federally-funded coverage expansion went into effect. Members of Congress may often expect, correctly, that states will continue to participate in longstanding, popular cooperative spending programs that provide ample reimbursements. But no matter how well founded, those sorts of expectations neither constitute nor demonstrate coercion. See *Dole*, 483 U.S. at 211.

ARGUMENT

In *Dole*, 483 U.S. at 207-208, this Court identified four "general restrictions" on the exercise of Congress's conditional-spending power under Article I, Section 8, clause 1 of the Constitution: that conditional spending be in pursuit of the general welfare; that any conditions on federal spending be unambiguous; that those conditions be sufficiently related to the federal purposes of the spending; and that the conditions not transgress any independent constitutional bar. None of those restrictions is at issue here. The *Dole* Court also explained that its decisions had "recognized that in some circumstances the financial inducement offered by Congress might be so coercive as to pass the point at which 'pressure turns into compulsion.'" *Id.* at 211 (quoting *Steward Mach. Co. v. Davis*, 301 U.S. 548, 590 (1937)). This case presents the question, which neither *Dole* nor *Steward Machine* answered, of what constitutes coercion in this context. See Pet. i. Petitioners' brief on the merits never provides a clear answer to that question, either. But it does suggest one by describing the paradigm case of coercion: "a thief produces a loaded gun and demands, 'your money or your life.'" Pet. Br. 46.

This case has virtually nothing to do with that paradigm case. Here, Congress has told each state, "Take billions of federal dollars on the terms we set, or don't take the money and simply provide for your residents however you see fit." If *that* choice – which, unlike "your money or your life," deprives a state of nothing to which it is otherwise entitled –

is unconstitutionally coercive, then a broad swath of other federal conditional spending statutes is at constitutional risk as well, notwithstanding petitioners' fervent protests to the contrary (Pet. Br. 53-59). These statutes include, at a minimum: the Medicaid Act itself (even before the amendments worked by the Affordable Care Act); Title I of the Elementary and Secondary Education Act and other statutes attached to federal education funding, such as the Boy Scouts of America Equal Access Act; the federal statutes providing funding for child welfare; and the jail and prison provisions of the Religious Land Use and Institutionalized Persons Act.

As *amici* show below, however, each of the pillars of petitioners' argument must fall. Neither the sheer size of the grant offered by the federal government to the states, nor the fact that general federal taxes are collected in part from state residents, nor Congress's decision to change the terms on which a state can continue to receive federal funds in the future – nor, even, the apparent assumption by Members of Congress that every state will choose to participate in the program – can render a cooperative spending program unconstitutionally coercive. That is clear from *Dole* and *Steward Machine* themselves, as well as this Court's discussions of coercion in its federalism jurisprudence, see *College Savings Bank*, 527 U.S. at 687; *New York*, 505 U.S. at 174-176, and its cases on conditional offers of federal money generally, see, *e.g.*, *Rust v. Sullivan*, 500 U.S. 173, 201-202 (1992); *Harris*

v. McRae, 448 U.S. 297, 316-317 (1980). Petitioners' argument must therefore be rejected.

A. The Amount of Money the Federal Government Offers the States Cannot Make the Offer Coercive

Arguing that the 2010 amendments pass the point of coercion, petitioners rely heavily (Pet. Br. 30; see also Economists' Br. for Petrs. *passim*) on the large amount of money the federal government offers states to participate in the Medicaid program. Because they will have to leave the federal Medicaid program by 2014 if they do not wish to accept the new conditions on receipt of Medicaid funds imposed by Congress in the ACA, petitioners argue that those conditions are coercive. That argument misapprehends the doctrine of coercion this Court has applied in federalism and other cases.

1. Petitioners' argument necessarily extends not just to the Affordable Care Act's new conditions on the Medicaid program but to the Medicaid Act's conditions even as they existed before the ACA. The essence of Medicaid is that, in exchange for a very large amount of federal money,[3] states that choose to participate incur significant and detailed obligations to provide defined medical services to populations described by Congress. See *Frew ex rel. Frew v. Hawkins*, 540

[3] As petitioners note (Pet. 6), the amount was "$251 billion in 2009 alone," which was "approximately 7% of federal spending."

U.S. 431, 433 (2004) ("State participation is voluntary; but once a State elects to join the program, it must administer a state plan that meets federal requirements."). If the large amount of money the federal government offers the states through the Medicaid program renders the new conditions coercive, then all of the other mandatory conditions that make up the Medicaid program – which are attached to the same large federal offers of money – must logically be unconstitutional as well. See also Nat'l Health Law Prog. Br. *passim*.

In addition, petitioners' argument would place at risk a variety of federal spending statutes outside of the Medicaid context. For example, the average state receives over half a billion dollars each year in grants under the two largest federal education grant programs alone,[4] and primary and secondary education makes up about a fifth of the average state's budget[5] – just less than does Medicaid. Congress has tied this massive federal aid to a number of conditions, including those imposed by the Boy Scouts of America Equal Access Act, 20 U.S.C. § 7905, under which a state puts at risk the funds it receives from the United States Department of Education if it does not permit the Boy Scouts "a fair opportunity to meet" in

[4] See U.S. Dep't of Educ., Guide to U.S. Dep't of Educ. Programs, Fiscal Year 2011, at 53, 245 (2011).

[5] See Nat'l Ass'n of State Budget Officers, Fiscal Year 2010 State Expenditure Report: Examining Fiscal 2009-2011 State Spending 3 (2011).

the public schools as required by the statute; Title I of the Elementary and Secondary Education Act, 20 U.S.C. § 6301 *et seq.*, as most recently amended by the No Child Left Behind Act of 2001, Pub. L. No. 107-110, 115 Stat. 1425 (2002), under which a state puts federal education funding at risk if it does not adopt standards and accountability measures;[6] and Title IX of the Education Amendments of 1972, 20 U.S.C. § 1681 *et seq.*, under which states that accept federal funds for education programs – whether or not those funds come from the Department of Education – must provide equal opportunities to women in those programs.

Other statutes, like the Religious Land Use and Institutionalized Persons Act, 42 U.S.C. § 2000cc-1(b)(1) (RLUIPA), attach conditions to the substantial federal funds that go to state jails and prisons.[7] And still more statutes attach conditions to other very large grants of federal funds, including those for child

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[6] See RAND Corp., Federal and State Roles and Capacity for Improving Schools 5 (2011) ("[S]tates could, in theory, opt out of Title I requirements. However, the federal government induces universal state participation through the sheer size of the financial resources attached to this policy.").

[7] See, *e.g.*, *Cutter v. Wilkinson*, 423 F.3d 579, 583 (6th Cir. 2005) (describing federal grants to the Ohio prison system under such programs as "the Violent Offender Incarceration and Truth in Sentencing Initiative Grants; the State Criminal Alien Assistance Program; grants intended for prisoner education, job training and treatment for drug addiction; and monthly payments under the Federal School Breakfast Program and Federal School Lunch Program").

welfare,[8] vocational rehabilitation,[9] and child support enforcement.[10] Although this Court has held that aspects of some of these statutes, in their then-current versions, were not privately enforceable, see *Suter*, 503 U.S. at 350; *Blessing*, 520 U.S. at 332, or did not exact a waiver of state sovereign immunity, see *Sossamon v. Texas*, 131 S. Ct. 1651 (2011), it has never even suggested that they are unconstitutional. But cf. *Cutter v. Wilkinson*, 544 U.S. 709, 727 (2005) (Thomas, J., concurring) (stating that RLUIPA "may well exceed Congress' authority under either the Spending Clause or the Commerce Clause"). But under petitioners' argument, all of these statutes would be at

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[8] See *Suter v. Artist M.*, 503 U.S. 347, 351 (1992) (Adoption Assistance and Child Welfare Act of 1980, 42 U.S.C. § 670 *et seq.*, "provides that States will be reimbursed for a percentage of foster care and adoption assistance payments when the State satisfies the requirements of the Act"); Casey Family Programs, Ensuring Safe, Nurturing, and Permanent Families for Children: The Need to Reauthorize and Expand Title IV-E Waivers 1 (May 2010), available at http://www.casey.org/resources/publications/pdf/NeedForWaivers.pdf ("The federal government spends more than $12 billion each year to support states' child welfare programs, representing almost half the funds that states expend on child welfare.").

[9] See 42 U.S.C. § 701 *et seq.* (creating federal grant program for vocational rehabilitation); 34 C.F.R. § 361.60(a) (federal government pays 78.7% of operating expenditures under state vocational rehabilitation programs); U.S. Dep't of Educ., *supra*, at 180 (federal government granted states more than $3 billion for vocational rehabilitation in Fiscal Year 2011).

[10] See *Blessing v. Freestone*, 520 U.S. 329, 333-334 (1997) (stating that the "Federal Government underwrites roughly two-thirds of the cost of the State's child support efforts").

risk of being held coercive, because they are attached to such large grants of federal funds.

2. There is no need for this Court to put these and other federal statutes at constitutional risk. That is because the size of a federal grant does not provide a proper basis under this Court's precedents for invalidating a condition on that grant as coercive. For the financial inducement offered by Congress to become "so coercive as to pass the point at which 'pressure turns into compulsion,'" *Dole*, 483 U.S. at 211 (quoting *Steward Mach.*, 301 U.S. at 590), that inducement must, at a minimum, deprive the state of something to which the state is otherwise entitled. Although neither *Dole* nor *Steward Machine* answered the question of what constitutes coercion in the Spending Clause context, this Court has addressed the question in other federalism cases – cases on which petitioners and their *amici* themselves rely (Pet. Br. 38, 52; Ind. Leg'ors Br. 20; Tex. Pub. Pol'y Found. Br. 10-11). Those cases show that coercion exists only when, as in petitioners' own "your money or your life" example (Pet. Br. 46), the federal government presents the state a choice between two options, both of which would deprive the state of something to which it is otherwise entitled.

In *College Savings Bank*, 527 U.S. at 687, for example, this Court concluded that "the point of coercion [was] automatically passed" when Congress put states to the choice of waiving constitutionally guaranteed immunity or being excluded "from otherwise lawful activity." The same analysis holds where

conditional federal spending is involved. Thus, in *New York*, 505 U.S. at 174-177, this Court would have found the "take title" provision unconstitutionally coercive even if Congress had agreed to pay for the liabilities the state assumed when it took title to the radioactive waste at issue. Because the Tenth Amendment entitles states to refrain from *both* "regulating pursuant to Congress's direction" *and* taking title to and assuming liability for the radioactive waste privately generated within their borders, a state's decision to agree to the one of these options for which Congress had agreed to pay could not be understood as an uncoerced choice. See *id.* at 174-175. But where the options presented by Congress do not deprive states of anything to which they are otherwise entitled, and Congress makes the choice clear, this Court's precedent trusts the states themselves to "guard against excessive federal intrusion into state affairs and be vigilant in policing the boundaries of federal power." *Davis v. Monroe Cnty. Bd. of Educ.*, 526 U.S. 629, 655 (1999) (Kennedy, J., dissenting).

Petitioners attempt to liken this case to *New York*. They argue (Pet. Br. 52) that the Affordable Care Act's Medicaid expansion "effectively order[s] States either to regulate medical assistance for the needy according to Congress's dictates or to assume full responsibility for all medical assistance to the needy themselves." But there is a crucial difference between the cases. In *New York*, Congress offered states a choice between regulating according to its instructions or taking title

to the waste at issue and assuming full *legal* responsibility for it. See *New York*, 505 U.S. at 153 (quoting "take title" section providing that the state "shall take title to the waste, be obligated to take possession of the waste, and shall be liable for all damages directly or indirectly incurred by such generator or owner as a consequence of the failure of the State to take possession"). Here, if a state does not wish to accept Medicaid funds and provide health care as Congress detailed, it need assume no new *legal* responsibility to provide medical care to its residents. Any responsibility it would assume would be a moral one – one that most people, to be sure, would find humane and appropriate, but one that, unlike in *New York*, is not dictated by Congress.

As this Court has explained, "Congress has no obligation to use its Spending Clause power to disburse funds to the States; such funds are gifts." *College Sav. Bank*, 527 U.S. at 686-687. When Congress offers funds to a state in exchange for complying with certain conditions, it generally *enhances* the choices available to that state. The state may decide to forgo the federal funding and thus lose nothing to which it was otherwise entitled. But the conditioned offer of funds gives the state a new, additional choice: it may decide to take on the conditions set by Congress in exchange for what it determines to be valuable consideration.

Petitioners indirectly suggest (Pet. Br. 32), and their *amici* affirmatively argue (Ctr. for Const. Juris. Br. 9; Tex. Pub. Pol'y Found. Br. 23), that this Court

should adopt the understanding of coercion that appears in *United States v. Butler*, 297 U.S. 1 (1936). But *Butler*'s understanding of coercion – which was articulated in the context of coercion of *private* persons – is flatly inconsistent with the analysis *Dole* applied to the alleged coercion of *States*. Under *Butler*, the threatened "loss of benefits" where "[t]he amount offered is intended to be sufficient to exert pressure" on the benefits holder to agree to Congress's proposed course of action is itself "coercion by economic pressure." *Id.* at 70-71. *Dole*, by contrast, recognized that Congress may offer "financial inducement" to states to agree to its proposed course of action, and that such an inducement does not become unconstitutional "simply by reason of its success in achieving the congressional objective." *Dole*, 483 U.S. at 211. Even where the choices of individuals are involved – the context in which *Butler* discussed coercion – this Court has rejected *Butler*'s suggestion that, by their very nature, financial incentives designed to alter those choices constitute coercion. For example, the Court has consistently rejected claims that government decisions to fund childbirth but not abortion coerce women in the exercise of their constitutionally protected right to choose abortion. See, *e.g.*, *Rust*, 500 U.S. at 201-203; *McRae*, 448 U.S. at 315-317. The Court has so held even where it recognized that the purpose of this differential funding decision was to "encourage" women to choose childbirth. *Maher v. Roe*, 432 U.S. 464, 475-476 (1977). Because "[t]he Government has no constitutional duty to subsidize" even a constitutionally protected right, the Court held

that that decision to subsidize childbirth but not abortion did not deprive anyone of anything to which they were otherwise entitled. *Rust*, 500 U.S. at 201.

Petitioners assert (Pet. Br. 15) that "[p]aying for Medicaid without any federal contribution would consume nearly two thirds of Florida's $32 billion in annual tax collection." But this simply highlights the value of the Medicaid program that Congress offers the states. Had Congress never offered it the chance to participate in Medicaid, Florida need not have provided medical benefits to its residents at all, or it might have decided instead to offer less generous benefits than does Medicaid. Had it chosen to provide the same benefits as Medicaid does, it would have had to raise revenues. But that does not make Congress's actions coercive. Cf. *Steward Mach.*, 301 U.S. at 588 (federal unemployment insurance program responded to the "failure by the States to contribute relief according to the measure of their capacity" and therefore to "contribute [their] fair share to the solution of a national problem").[11]

For a state, as for anyone else, the greater the consideration, the more likely it is that one will accept the offer. Where, as here, the federal government is offering billions of dollars, the offer may be especially attractive. But if that is so, that demonstrates only

[11] It is worth noting, in assessing "the measure of [Florida's] capacity" to raise revenue here, that Florida is one of nine states with no individual income tax.

that the federal government is offering especially valuable consideration for choosing to undertake the conditions set by Congress. Here, for example, Congress chose to fund 100 percent of the cost of its coverage expansion initially, dropping no lower than 90 percent in later years. 42 U.S.C. § 1396d(y)(1).[12] It would be perverse to hold that, the more generous the federal offer, the more likely it will be held coercive. Congress's offer of billions of dollars in exchange for providing health care under the terms of the (pre- and post-ACA) Medicaid Act expands the choices available to the states. It does not deprive them of anything to which they are otherwise entitled. Accordingly, it is not coercive.

B. That the Federal Tax Base Encompasses Residents of Each State Cannot Make an Offer of Federal Funds Coercive

Petitioners contend that the federal government's offer does deprive it of something to which it is entitled. This is because Medicaid, like most federal programs, is largely paid for by general federal taxes, and general federal taxes come, in large part, from

[12] State governments were intimately involved in the legislative process that led to passage of the ACA. See John E. McDonough, Inside National Health Reform 150-151 (2011) (90-100 percent federal financial contribution to the ACA's Medicaid expansion resulted from pressure on Congress from individual governors). Though it is clear that petitioners would have liked to have negotiated a better deal, that does not make the offer they received and accepted coercive.

people who reside in states. Petitioners argue that "[b]ecause the Medicaid funds used to induce the States come from their own taxpayers" (Pet. 22) the states have no choice but to participate in Medicaid if they want their indigent residents to obtain medical care. Indeed, petitioners refer throughout their merits brief to the fact that the general federal taxes that finance Medicaid (and most other federal programs) raise money "from residents of the States." Pet. Br. 27. See also *id.* at 23, 43, 53. Petitioners' argument, which would render coercive any conditional spending paid for by general federal taxes, is inconsistent with basic principles of federalism.

As a constitutional matter, states have no entitlement that "their own taxpayers" be shielded from any particular amount of federal taxation. Rather, the Constitution gives the federal and state governments concurrent power to tax the same people. As Justice Kennedy explained in *Cook v. Gralike*, 531 U.S. 510, 528 (2001) (Kennedy, J., concurring), "[t]he idea of federalism is that a National Legislature enacts laws which bind the people as individuals, not as citizens of a State." Our "Framers split the atom of sovereignty." *U.S. Term Limits*, 514 U.S. at 838 (Kennedy, J., concurring). The "great innovation" of their design "was that 'our citizens would have two political capacities, one state and one federal, each protected from incursion by the other' – 'a legal system unprecedented in form and design, establishing two orders of government, each with its own direct relationship, its own privity, its own set of mutual rights

and obligations to the people who sustain it and are governed by it.'" *Printz*, 521 U.S. at 920 (quoting *U.S. Term Limits*, 514 U.S. at 838 (Kennedy, J., concurring)). They thus "designed a system in which the State and Federal Governments would exercise concurrent authority over the people." *Id.* at 919-920.

When the federal government collects taxes from people, it does not tax them as a state's residents. It taxes them "in their individual capacities" as "the people of America." See *U.S. Term Limits*, 514 U.S. at 839 (Kennedy, J., concurring) ("As James Madison explained, the House of Representatives 'derive[s] its powers from the people of America,' and 'the operation of the government on the people in their individual capacities' makes it 'a national government,' not merely a federal one.") (quoting The Federalist No. 39, at 244-245). This is especially so after the ratification of the Sixteenth Amendment, which eliminated the requirement that federal income tax be apportioned among the states. See U.S. Const., Amend. XVI.

In our federal system constructed according to these principles, the fact that the federal government taxes the same people as do the states does not deprive the states of anything to which they are entitled. Accordingly, it cannot be held to "coerce" the states into accepting conditional federal grants. Both the federal government and the states are free to tax the same people, without impinging on a constitutionally protected interest of the other, so long as they do not tax each other's *governments* in violation of the intergovernmental tax immunity doctrine. See

Jefferson Cnty. v. Acker, 527 U.S. 423, 436-439 (1999); *Davis v. Michigan Dep't of Treasury*, 489 U.S. 803, 811 (1989); *South Carolina v. Baker*, 485 U.S. 505, 523 & n.14 (1988).[13] That the federal government taxes the same people as do the states imposes no constitutionally cognizable harm. Put differently, the federal government need not offer a state *any* of the money it collects in taxes from people who reside in that state – and its spending programs need not help people in all states in the same measure. When the federal government nonetheless *does* offer states a substantial amount of the money it collects, it does not impose a *greater* restriction on state prerogatives.

A contrary rule would put at constitutional risk a wide range of federal statutes – a risk petitioners inadvertently highlight. In discussing this Court's decision in *Steward Machine*, *supra*, petitioners suggest that it is unconstitutional for Congress to provide money to states that opt into a cooperative federal-state program without setting up an alternative federal-only program to serve the residents of those states that opt out. See Pet. Br. 51 ("If Congress had passed such a statute, it would be analogous to the ACA, but it is impossible to believe that the *Steward Machine* Court would have blessed that statute as

[13] Declining to offer federal tax revenues to the states is thus a far cry, constitutionally speaking, from empowering individuals "to levy upon the treasuries of the States" for damages, which was the subject of this Court's decision in *Alden v. Maine*, 527 U.S. 706, 750 (1999). Cf. Indep. Inst. Br. 23.

constitutional."). But statutes that provide federal funds only to participating states, without setting up alternative federal-only programs for the residents of nonparticipating states, are ubiquitous. Medicaid has *always* had this structure, so even without the amendments worked by the Affordable Care Act it would be in constitutional peril under petitioners' argument. The Elementary and Secondary Education Act similarly does not provide for federally-operated elementary and secondary schools in states that do not take Title I money; if a state does not participate in the program, other states will receive the money it would have. See 20 U.S.C. § 6311(a)(1) (Title I funds go only to states that submit a satisfactory plan to the Secretary of Education). The same is true of other federal-state education programs, such as the Individuals with Disabilities Education Act. See 20 U.S.C. § 1412(a). And the Adoption Assistance and Child Welfare Act similarly makes no provision for federally provided foster care and adoption assistance services in states that do not seek federal funds to provide the services themselves. See 42 U.S.C. § 671(a). These and many other statutes would likely be unconstitutional if petitioners' suggestion were the law.[14]

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[14] More generally, federal spending virtually never benefits residents of each state in the exact proportion in which taxes come from residents of that state. See *America's Fiscal Union: The Red and the Black: Where Federal Taxes Are Raised and Spent*, The Economist Online (Aug. 1, 2011, 4:16 PM), http://www.economist.com/blogs/dailychart/2011/08/americas-fiscal-union (from 1990-2009, federal government collected over $956 billion

(Continued on following page)

Aside from its defects as a matter of constitutional doctrine, the claim that the Medicaid expansion coerces states by raising revenue "from their own taxpayers" fails as a matter of budget realities. Even when states and the federal government tax the same persons, they are not typically competing for the same finite body of revenue. For the past several decades, state and federal taxes have tended not to substitute for each other but instead to rise and fall at the same time. See, *e.g.*, C. Eugene Steuerle, Contemporary U.S. Tax Policy 34-36 (2d ed. 2008). A recent empirical study finds that increased federal taxes may shift *which* taxes the states assess, but that "[t]he overall burden of state taxation tends to be largely independent of federal tax burdens." Howard Chernick & Jennifer Tennant, *Federal-State Tax Interactions in the United States and Canada*, 40 Publius: The Journal of Federalism 508, 526 (2010). But whether state and federal taxes rise and fall together or are independent of one another, federal taxes cannot be said to crowd out those of the states. As this Court has recognized, the federal government, standing above the horizontal tax competition among states, can tap into a revenue base that states as a practical matter cannot. See *Helvering v. Davis*, 301 U.S. 619, 644 (1937) (recognizing that the federal government

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more in taxes than it spent in New York, while it spent more than $592 billion more than it collected in taxes in Virginia). In Florida itself, the federal government spent more than $298 billion more than it collected in taxes during the period of *The Economist*'s study. *Id.*

can raise revenues that states are "reluctant" to raise "for fear of placing themselves in a position of economic disadvantage as compared with neighbors or competitors").

C. That Congress Has Imposed New Prospective Conditions on Continued Acceptance of a Federal Grant Does Not Make the Grant Coercive

1. Petitioners argue (Pet. Br. 40) that the Medicaid expansion is coercive because it "plac[es] new conditions on continued receipt of all existing Medicaid funding." But the Spending Clause contains no rule of adverse possession. See *Bowen v. Public Agencies Opposed to Soc. Sec. Entrapment*, 477 U.S. 41 (1986). Congress was under "no obligation" to give states funds to create Medicaid in the first place, *College Sav. Bank*, 527 U.S. at 686, and those funds do not become any less a "gift or gratuity," *id.* at 687, because Congress has provided them for a long period of time. Although Congress may not act retrospectively to deprive states of a "vested right" such as "the fruits already reduced to possession of contracts lawfully made," *Public Agencies*, 477 U.S. at 55 (internal quotation marks omitted), Congress is free to act prospectively to stop providing the gift of funds to the states or to impose new terms on continued acceptance of that gift in the future.

By adopting new coverage requirements and providing that states can continue to receive federal

Medicaid funds after January 1, 2014, only if they adhere to those coverage requirements, Congress has not deprived states of anything to which they were entitled. Indeed, Congress has left them in a substantially better position than if it had ended Medicaid entirely, because states retain the option of continuing to receive federal funds so long as they agree to cover an additional population for which the federal government will reimburse at least 90 percent of the costs. But Congress surely has the right to end or fundamentally restructure a program of government largesse. A ruling that Congress was bound to continue Medicaid in the same form indefinitely would conflict with "the centuries-old concept that one legislature may not bind the legislative authority of its successors." *United States v. Winstar Corp.*, 518 U.S. 839, 872 (1996). That is why this Court has held "that, absent an 'unmistakable' provision to the contrary, 'contractual arrangements, including those to which a sovereign itself is a party, "remain subject to subsequent legislation" by the sovereign.'" *Id.* at 877 (quoting *Public Agencies*, 477 U.S. at 52 (quoting *Merrion v. Jicarilla Apache Tribe*, 455 U.S. 130, 147 (1982))).[15]

[15] Indeed, petitioners' own *amici* argue that the Medicaid expansion – and, necessarily, Medicaid itself – is unconstitutional because it is an entitlement program that continues to spend after the end of the Congress that created it. See AAPS Br. 14-18. But that would be true only if petitioners themselves were correct that fundamental but prospective changes to an ongoing entitlement program are unconstitutionally coercive.

Although petitioners assert that they have created "a Medicaid infrastructure" based on the program rules as they previously existed (Pet. 22), states cannot reasonably rely on the expectation that a federal spending program will continue in a static form forever. Political shifts, changes in prevailing policy understandings, and budget disruptions are among the ever-foreseeable reasons that Congress may change the terms of such a program significantly. Indeed, from the moment they first agreed to participate in Medicaid, states have been on notice that Congress reserved to itself "[t]he right to alter, amend, or repeal any provision" of the statute pursuant to 42 U.S.C. § 1304 – the very same statute on which this Court relied in holding that Congress could prospectively change the terms under which it had previously agreed to provide Social Security to state employees. See *Public Agencies*, 477 U.S. at 51-52.[16]

Petitioners assert (Pet. Br. 40) that Congress's previous decision to extend them Medicaid funds has left them in a state of "dependency" that renders new conditions on the receipt of those funds coercive. But

[16] Petitioners argue (Pet Br. 41-42) that this statutory provision cannot immunize a statutory change that is coercive. Petitioners miss the point. Petitioners' claim of coercion depends crucially on the argument that a midstream but prospective change to the rules governing continued receipt of Medicaid is necessarily coercive. But that argument must fail if the states had no entitlement to the continuation of the Medicaid program in its previous form in the first place. Title 42 U.S.C. § 1304 underscores that the states never had any such entitlement.

that notion of "dependency" proves far too much. If states are so "dependen[t] on existing Medicaid funding" (Pet. Br. 41) that they have no choice but to accept any conditions on the continued receipt of that funding, then even the conditions to which a state agreed when it originally entered the Medicaid program are now coercive. In other words, after a sufficient period of time, Medicaid itself became unconstitutionally coercive – and would have become unconstitutionally coercive even if Congress had left it entirely unchanged. The same would be true of any other conditional federal spending program that has become well entrenched. See, *e.g.*, RAND Corp., *supra*, at 6 n.3 (Elementary and Secondary Education Act Title I's "incentives are so large and ingrained that it is almost inconceivable for states to refuse them"). But that has never been the law.

In any event, petitioners cannot show that they are "dependent" on Medicaid in any way that is constitutionally relevant. Petitioners say that certain of their *residents* have "come to depend" on Medicaid to receive medical services (Pet. Br. 41), and they refer obliquely to "the entrenched dependence of existing constituencies" (Pet. Br. 42). But all that seems to mean is that Medicaid provides valuable benefits to these residents and constituencies, benefits they will put pressure on state governments to retain. When a state's residents pressure their government to continue participating in a cooperative federal program, that is not coercion by the federal government – it is the very exercise of self-government and state

sovereignty that this Court's federalism precedents contemplate. See *Printz*, 521 U.S. at 920 ("The Constitution thus contemplates that a State's government will represent and remain accountable to its own citizens."); *Board of Tr. of Univ. of Alabama v. Garrett*, 531 U.S. 356, 375 (2001) (Kennedy, J., concurring) ("States act as neutral entities, ready to take instruction and to enact laws when their citizens so demand."). Facilitating such acts of self-government is, in particular, the very purpose of this Court's Spending Clause notice jurisprudence. See, *e.g.*, *Arlington Cent. Sch. Dist. Bd. of Educ. v. Murphy*, 548 U.S. 291, 296 (2006) (purpose of Spending Clause notice rule is to protect voluntary state choice).

2. One of petitioners' *amici*, Professor Blumstein, contends that it is not enough that Congress has always reserved the right to prospectively change the obligations imposed by Medicaid. He argues (Blumstein Br. 5) that the Medicaid expansion is unconstitutional because Congress did not make clear when it first enacted the program in 1965 that an expansion of coverage would occur in 2014. Professor Blumstein relies heavily (Blumstein Br. 12) on this Court's decision in *Bennett v. New Jersey*, 470 U.S. 632, 638 (1985), which held that a state's obligations under a conditional federal grant "generally should be determined by reference to the law in effect when the grants were made." But Professor Blumstein fatally misreads *Bennett v. New Jersey*. There, this Court held that a determination whether the United States could recover from New Jersey for a violation of conditions

attached to the Elementary and Secondary Education Act's Title I program must be based on the law in effect at the time the state applied for the Title I grant at issue – *viz.*, the years 1970 through 1972. See *id.* at 640. Congress had in 1978 amended the conditions states assumed when they accepted Title I grants. But the Court declined to apply those amendments retroactively to judge New Jersey's conduct under grants received before their enactment. See *id.* at 640-641. The Court explained that, at least as a general matter, "changes in the substantive standards governing federal grant programs do not alter obligations and liabilities arising under earlier grants." *Id.* at 641.

Bennett v. New Jersey thus draws a distinction between "changes in the substantive standards governing [a] federal grant program[ ]" – which are permissible so long as they do not apply to grants issued before the change – and changes in the obligations and liabilities attached to particular past grants – which generally are not. This is because the state must have notice of the obligations it assumes at the time it accepts a federal grant, see *Arlington Cent.*, 548 U.S. at 296, and it must have the chance to withdraw from a federal grant program before new grants are issued with different terms. Cf. *Guardians Ass'n v. Civil Serv. Comm'n*, 463 U.S. 582, 597 (1983) (opinion of White, J., announcing judgment of the Court) ("Remedies to enforce spending power statutes must respect the privilege of the recipient of federal funds to withdraw and terminate its receipt of federal

money rather than assume the further obligations and duties that a court has declared are necessary for compliance."). But Congress is not forbidden from prospectively changing the terms on which the federal government will extend grants pursuant to an ongoing program. The Court made that point clear in *Bennett v. Kentucky Department of Education*, 470 U.S. 656 (1985), decided on the same day as *Bennett v. New Jersey*. In *Bennett v. Kentucky*, the Court held that Kentucky in 1974 violated a condition on Title I funding that Congress added in 1970, five years *after* Congress established the Title I program. *Id.* at 659-661, 673-674.

There is no doubt that the ACA's Medicaid requirement to expand Medicaid is purely prospective. It applies only to states that receive Medicaid funds after January 1, 2014, and it does not apply to Medicaid funds granted to states before that date. 42 U.S.C. § 1396a(a)(10)(A)(i)(VIII). And no party disputes that Congress made a clear statement that continuing receipt of Medicaid funds beginning in 2014 requires compliance with the expanded eligibility provisions enacted in the ACA. That condition appears plainly on the face of the statute. See *id.* Cf. *Arlington Cent.*, 548 U.S. at 296-297 (Individuals with Disabilities Education Act did not provide clear statement that it authorized award of expert fees, where the statute made no express reference to expert fees).

Professor Blumstein nonetheless believes the notice Congress provided in the ACA is insufficient. Rather, he contends, Congress was required to

"terminate traditional Medicaid" and "state clearly the conditions of state participation in New Medicaid" if it wanted to condition continued receipt of Medicaid funding on compliance with the new, expanded eligibility standards. Blumstein Br. 37. But aside from the suggestion that Congress should have renamed the program "New Medicaid," Professor Blumstein does not explain how that is any different than what Congress did. Congress stated plainly in 42 U.S.C. § 1396a(a)(10)(A)(i)(VIII) that no state can receive Medicaid funds after January 1, 2014, if it does not comply with the new terms of the program. Such a clear statement, this Court's cases make clear, is all that is necessary to impose a new condition on a federal grant. Congress is not required to change a statute's name, repeal and reenact it, or go through any other such empty formalities.

Professor Blumstein argues (Blumstein Br. 17, 28-29) that changing the terms of future grants after a state agrees to participate in a program is coercive because: states may have sunk costs in infrastructure necessary to participate in the program; they may have enacted legislation to implement their participation in the program, which legislation may as a matter of state law continue in effect even after the state stops receiving federal funds under that program; and a state's initial participation in a program may generate political constituencies that rely on it and support continued participation. But these phenomena – which are entirely contingent on the particular circumstances and state-law regimes of particular

states – are just as likely to influence a state's decision to participate in an expressly renamed "New Medicaid" program after repeal and reenactment. And indeed, each is likely to influence a state's decision to continue participating in a conditional spending program that Congress has not changed at all. Professor Blumstein's novel argument must therefore be rejected.

D. That Members of Congress May Expect That All States Will Accept Federal Funding Does Not Render That Funding Coercive

Petitioners make much of the assertion that it was "inconceivable to the drafters of the ACA" that states would choose to leave the Medicaid program after the statute's coverage expansion. Pet. Br. 35. Accord *id.* at 38. They note that the structure of the Affordable Care Act suggests an expectation that many poor individuals will satisfy the statute's individual mandate through the Medicaid program. Pet. Br. 35-36. They assert that the absence of a "plan B" to enable otherwise Medicaid-eligible individuals to satisfy the individual mandate in states that opt out of Medicaid demonstrates that the statute is coercive. Pet. Br. 33. Although petitioners' arguments may show that Members of Congress *expected* that all states would continue to participate in Medicaid after the Affordable Care Act's coverage expansion, they do not come close to demonstrating coercion.

Wholly independent of any coercion, it should hardly be surprising that Members of Congress expected that all states would continue to participate in Medicaid after the Affordable Care Act's coverage expansion. After all, every state already participated in Medicaid, and the new statute will provide 100 percent federal reimbursement for its coverage expansion for the first three years, dropping to a steady-state reimbursement of 90 percent at the end of the decade. 42 U.S.C. § 1396d(y)(1). If the then-existing Medicaid program, with its much lower rate of federal reimbursement in most states, was sufficiently attractive to garner the participation of every state, Members of Congress would have had every reason to think that the program would remain attractive once the nearly-fully-federally-funded coverage expansion comes into effect. That is not coercion.

Precisely because the federal government must pay the states the consideration that they deem sufficient to obtain their assent to the conditions Congress sets, petitioners' fear of an "unlimited spending power" that "would be just as dangerous as a plenary regulatory authority" (Pet. Br. 29) is misplaced. The federal government's power to influence state behavior under the Spending Clause is inherently limited by Congress's ability and inclination to pay the price that states demand. Congress does not have limitless funds to offer the states to purchase their consent to new conditions. Indeed, Congress is now cutting the aid it provides the states under a variety of programs, and Medicaid itself is a prime target for future cuts

and concessions to state demands for flexibility. See, *e.g.*, Sara Murray, *Nearly Half of U.S. Lives in Household Receiving Government Benefits*, Wall St. J. Real Time Econ. Blog (Jan. 17, 2012, 11:44 AM), http://blogs.wsj.com/economics/2012/01/17/nearly-half-of-u-s-lives-in-household-receiving-government-benefits/?KEYWORDS=health+overhaul ("[T]he rising federal deficit has brought government spending, and particularly benefits programs, under closer scrutiny. House Republicans, for example, have proposed block-granting Medicaid (the federal-state health care program for the poor) in order to cut costs."). These fiscal realities provide a built-in limit on Congress's power to use the Spending Clause to encourage states to take actions Congress could not require under its other enumerated powers. And, of course, *Dole* identified four limits on the spending power that are not at issue here. See *Dole*, 483 U.S. at 207-208.

As a predictive matter, Members of Congress may often expect that states will continue to participate in longstanding, popular cooperative spending programs that provide ample reimbursements. And those expectations may be well founded. See, *e.g.*, RAND Corp., *supra*, at 6 n.3 ("almost inconceivable" that states will stop participating in ESEA Title I program). But no matter how well founded, those sorts of expectations neither constitute nor demonstrate coercion. See *Dole*, 483 U.S. at 211 (conditional-spending program is not coercive "simply by reason of its success in achieving the congressional objective"). The crucial points, here, are that: (1) however much

Members of Congress may have expected states to remain in the Medicaid program, nothing in the Affordable Care Act deprives states that opt out of Medicaid of anything but continued federal funding; and (2) nothing in the Act penalizes needy individuals who are left unable to satisfy the individual mandate by their state's decision to opt out of Medicaid. Although Medicaid-eligible individuals are subject to the individual mandate, 26 U.S.C. § 5000A(d), individuals who cannot afford coverage or have a gross income below the tax-filing threshold are specifically exempted from paying a penalty for not satisfying the mandate, 26 U.S.C. § 5000A(e)(1), (2). See Sara Rosenbaum & Katherine Hayes, *The Misleading Arguments in the States' Medicaid Coercion Brief*, Health Affairs Blog (Jan. 19, 2012, 10:48 AM), http://healthaffairs.org/blog/2012/01/19/the-misleading-arguments-in-the-states-medicaid-coercion-brief/. Whatever were the expectations of Members of Congress about what states would choose to do, the Affordable Care Act does not coerce them into continuing to participate in Medicaid.

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CONCLUSION

The judgment of the court of appeals upholding the Affordable Care Act's Medicaid expansion should be affirmed.

Respectfully submitted,

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Alphabetical List of *Amici*

1. *Advocates for Youth*
   Advocates for Youth is a national organization that partners with state and local organizations and provides technical assistance and training on adolescent reproductive and sexual health and rights. The organization champions efforts to help young people make informed and responsible decisions about their reproductive and sexual health. Advocates for Youth is interested in the preservation and expansion of the Medicaid program, which is a critical step toward ensuring that low-income adolescents have access to adequate reproductive and sexual health services.

2. *AIDS United*
   The mission of AIDS United is to end the AIDS epidemic in the United States through national, regional and local policy/advocacy, strategic grant-making, and organizational capacity building. With partners throughout the country, AIDS United works to ensure that people living with and affected by HIV/AIDS have access to the prevention and care services they need and deserve. AIDS United has long advocated for increased access to Medicaid for people living with HIV who are currently ineligible for Medicaid benefits, particularly childless adults and/or those who do not meet the definition of disability.

3. *Alliance for Children and Families*
   The Alliance for Children and Families is a membership association that provides a variety of services to private nonprofit human service organizations throughout the United States and

Canada. Alliance members are organizations dedicated to serving children and families and/or that are focused on economic empowerment. Motivated by a vision of a healthy society and strong communities for all children and families, the Alliance works to strengthen the nonprofit human services sector and, through advocacy, assure the sector's continued independence. The Alliance for Children and Families supports the expansion of Medicaid eligibility in the context of overall reform that provides for the health and behavioral health needs of children and families. The Alliance values the health and well-being of all children, whose health is improved by early diagnosis and treatment.

4. *American Alliance for Health, Physical Education, Recreation and Dance*
With 20,000 members, the American Alliance for Health, Physical Education, Recreation and Dance (AAHPERD) is the largest organization of professionals supporting and assisting professionals involved in physical education, recreation, fitness, sport and coaching, dance, health education and promotion, and all specialties related to achieving a healthy and active lifestyle. AAHPERD is deeply committed to preserving the federal government's ability to encourage the equitable participation of girls and young women in school sports teams through Title IX of the Education Amendments of 1972.

5. *American Association of People with Disabilities*
The American Association of People with Disabilities (AAPD) is the Nation's largest cross-disability organization, advocating for equal

opportunity, economic power, independent living and political participation for persons with disabilities. The organization's more than 100,000 members come from all states and include persons with disabilities and their families, friends and supporters. The expansion of Medicaid in the Affordable Care Act will help many persons with disabilities get the support they need to live independent and healthy lives. Many other federal laws placing conditions on States' acceptance of federal funds, including laws furthering equal opportunities in education, are also of tremendous importance to persons with disabilities.

6. *American Association of University Women*
For 130 years, the American Association of University Women (AAUW), an organization of more than 100,000 members and donors, has been a catalyst for the advancement of women and their transformations of American society. In more than 1,000 communities across the country, AAUW members promote education and equity for all women and girls, lifelong learning, and positive societal change. Chief among the AAUW's priority issues is "increased access to quality, affordable healthcare" and the "vigorous protection of and full access to civil and constitutional rights." AAUW believes the Spending Clause is essential to enforcing and protecting Americans' civil and constitutional rights, as well as the general welfare.

7. *American Council for School Social Work*
The American Council for School Social Work (ACSSW) is a nationwide not-for-profit organization dedicated to promoting the practice of school

social work through research, education, and nonpartisan public advocacy. ACSSW serves as a national resource center on the practice of school social work for practitioners, schools, universities, legislators, and policy makers; educates the public about the services and practice of school social work; and monitors and advocates for national policies and legislation that support the practice of school social work and public education. ACSSW is interested in preserving the federal funding statutes that ensure the availability of social workers to assist students overcome barriers to learning, including Medicaid and the Individuals with Disabilities Education Act.

8. *American Federation of State, County & Municipal Employees*

AFSCME International is an unincorporated labor union with more than 1.6 million active and retired members working in the public sector, child care, and health care. AFSCME members include secretaries, librarians, cafeteria workers, caseworkers, lab technicians, researchers, nurses, bus drivers, heavy equipment operators, correctional officers, child care workers, and home care workers, among others. AFSCME has long advocated for expanding our nation's safety net for low-income Americans, and Medicaid's value is more important than ever, particularly in our current economic crisis. This issue affects the day to day lives of AFSCME's members and their families as both Medicaid beneficiaries and workers providing Medicaid services to beneficiaries. Moreover, AFSCME members care deeply about many other laws that function in whole or in part pursuant to the Spending Clause,

including the Supplemental Nutrition Assistance Program, the Federal-State Unemployment Insurance Program, the Occupational Safety and Health Act of 1970, and Titles IV-E and IV-D of the Social Security Act.

9. *American Mental Health Counselors Association*
The American Mental Health Counselors Association (AMHCA) seeks to enhance the profession of clinical mental health counseling through advocacy, education, licensing, and professional development. Among AMHCA members' major policy concerns is the adequacy of public funding to support the delivery of quality mental health services for all individuals in need. Medicaid is a particularly critical safety-net program for many persons with serious behavioral health needs. The Association is deeply committed to strengthening the Medicaid program nationally and in all states and territories.

10. *American Occupational Therapy Association*
The American Occupational Therapy Association (AOTA) is the national professional association established in 1917 to represent the interests and concerns of occupational therapy practitioners and students of occupational therapy and to improve the quality of occupational therapy services. Current AOTA membership is nearly 42,000, including occupational therapists, occupational therapy assistants, and occupational therapy students. Expanded access to Medicaid coverage is critical to permitting low-income Americans to access improved health, productivity, and quality of life through the therapeutic application of occupation.

11. *American Pain Foundation*
The American Pain Foundation (APF) is an independent nonprofit organization serving 116 million Americans living with persistent pain through advocacy, information, and support. The Foundation's mission is to improve the quality of life of people with pain by raising public awareness, providing practical information, promoting research, and advocating to remove barriers and increase access to effective pain management. The Affordable Care Act is of critical importance to our constituency, as are other Spending Clause statutes such as the Medicaid Act.

12. *The Arc of the United States*
The Arc of the United States (The Arc) promotes and protects the human rights of people with intellectual and developmental disabilities and actively supports their full inclusion and participation in the community throughout their lifetimes. The Arc consists of more than 700 state and local chapters across the United States, whose 140,000 members include people with intellectual and developmental disabilities, their families, and professionals in the field. The Arc and its members are vitally interested in the many critical services and supports funded through the Medicaid program, the Individuals with Disabilities Education Act (IDEA), the Elementary and Secondary Education Act (ESEA), No Child Left Behind Act, vocational rehabilitation programs, and other important federal

programs in which states are offered federal funds to implement programs with joint goals or as incentives to meet minimum standards of service provision.

13. *Association of Developmental Disabilities Providers*
The Association of Developmental Disabilities Providers (ADDP) is an organization that promotes the social, political and economic well-being of community organizations that support people with developmental disabilities and their families. ADDP represents 128 community providers who deliver residential, day and/or employment services throughout the Commonwealth of Massachusetts. ADDP represents the providers before the Department of Mental Retardation and the legislature and also provides technical training and in-service training to its members concerning best practice.

14. *Autistic Self Advocacy Network*
The Autistic Self Advocacy Network (ASAN) is a nationwide nonprofit organization run by and for individuals on the autism spectrum. ASAN promotes the interests of autistic children and adults through public policy advocacy, education, research, and cultural outreach activities. Many of ASAN's constituents rely on services provided through federal funding statutes such as Medicaid, the Education and Secondary Schools Act, and the Individuals with Disabilities Education Act.

15. *Behavior Business Partners*
Behavior Business Partners (BBP) is a consulting firm of experts with professional training in

applied behavioral psychology. BBP is concerned about the continued viability of federal spending programs like Medicaid and the many educational programs made possible with federal funding and important federal laws like the Elementary and Secondary Education Act, and the Individuals with Disabilities Education Act – laws that help America's youth become contributing members of the American workforce by developing into effective employees and employers.

16. *Brain Injury Association of America*
The Brain Injury Association of America (BIAA) is the country's oldest and largest nationwide brain injury advocacy organization. BIAA is committed to improving health care and services for people with brain injuries and for this reason, supports the expansion of Medicaid eligibility to reach many currently uninsured Americans living with brain injuries. In addition, the Association cares deeply about the ability of children with brain injuries to access needed supports and services through the Individuals with Disabilities Education Act.

17. *The Carter Center*
The Carter Center was founded in 1982 to advance human rights, peace, democracy, and access to health care. Rosalynn Carter leads the Center's efforts to improve U.S. public policies that can help prevent mental illnesses and increase equity in mental health care, holding an annual symposium with national leaders in mental health and other fields. The Carter Center supports the Patient Protection and Affordable Care Act's expansion of Medicaid eligibility as a

crucial mechanism for meeting the mental health care needs of millions of Americans living in poverty.

18. *Center for Children and Family Futures*
The Center for Children and Family Futures (CCFF) is a California-based, not-for-profit organization dedicated to improving the lives of children and families, particularly those affected by substance use and mental disorders. CCFF works to support States, Tribes, communities, and service providers in delivering comprehensive, evidence-based, integrated, and culturally relevant services to both children and parents affected by substance use and mental disorders, with the goals of family safety, well-being and recovery. The expansion of Medicaid coverage under the Affordable Care Act can provide significant opportunities for families, particularly families in the child welfare system, to access substance abuse and mental health services that had been previously unavailable.

19. *Center for Law and Education*
The Center for Law and Education, Inc. ("CLE") is a national nonprofit organization that works with parents, advocates, and educators to improve the quality of education for all students, and in particular, indigent students. CLE addresses systemic barriers that impede low-income students, who are disproportionately students of color and students with disabilities, from accessing a rigorous curriculum aligned to state standards through effective instruction from qualified teachers. CLE seeks to ensure that students who are entitled to services under Title I of

the Elementary and Secondary Education Act ("ESEA") and the Individuals with Disabilities Education Act ("IDEA") remain in school and receive an appropriate, quality education designed to prepare them for post-secondary education and employment. Both statutes were enacted, in whole or in part, pursuant to the Spending Clause, which remains critical to their implementation and enforcement.

20. *Child and Family Resources, Inc.*
Child & Family Resources, Inc. (CFR) is a private, community-based, nonprofit organization incorporated in 1970. CFR programs and services benefit 39,000 families and children throughout the State of Arizona each year. CFR's clients depend heavily on Medicaid and other federally funded programs provided through the State of Arizona and private agencies that contract with the State. CFR is particularly concerned with preserving Congress' ability to appropriate funds under the Individuals with Disabilities Education Act (IDEA); Title I of the Elementary and Secondary Education Act, most recently reauthorized in the No Child Left Behind Act; and the federal foster care and child support enforcement programs (Titles IV-E and IV-D of the Social Security Act).

21. *Child & Family Support Services*
Child & Family Support Services (CFSS) works with individuals and families with complex behavioral, developmental, or emotional needs throughout the state of Arizona. CFSS provides out-patient behavioral health services for children and families, including case management,

medication services, and specialized direct support services for children, young adults and families, many of which are financed by Medicaid and the IDEA. Many CFSS clients also benefit tremendously from federal foster care and child support enforcement programs provided for in Titles IV-E and IV-D of the Social Security Act.

22. *Children's Bureau, Inc.*
Children's Bureau, Inc. is a social service agency working on behalf of abused and neglected children and families in Indiana. Children's Bureau advocates for all children and families, providing a full array of community based prevention, family preservation and intervention services to more than 26,000 annually. The Bureau partners with the Department of Child Services and various other community organizations statewide. Children's Bureau cares deeply about preserving Congress' ability to appropriate funding to the States under Title IV-B and Title IV-E of the Social Security Act.

23. *Children's Defense Fund*
The Children's Defense Fund (CDF) is a nonprofit child advocacy organization that has worked relentlessly for more than 35 years to ensure a level playing field for all children. CDF champions policies and programs that lift children out of poverty; protect them from abuse and neglect; and ensure their access to health care, quality education and a moral and spiritual foundation. CDF has worked to ensure children truly benefit from the protections and conditions in Medicaid, the Title I Education Program for Disadvantaged Children, the Individuals with

Disabilities Education Act (formerly the Education for All Handicapped Children Act), the Adoption Assistance and Child Welfare Act, and the Juvenile Justice and Delinquency Prevention Act.

24. *Children's Home + Aid*
Children's Home + Aid serves 44,000 at-risk children and families throughout Illinois. The three core areas of program include early childhood, clinical/community services, and family-centered services/child welfare. A significant proportion of the children and families we serve are Medicaid-eligible, including nearly 1,000 foster children/wards of the state, many of whom have severe conditions requiring clinical intervention. To develop and protect these children's health, productivity and potential, Congress must retain the ability to fund Medicaid for these vulnerable populations.

25. *Child Welfare League of America*
The Child Welfare League of America (CWLA) is a coalition of hundreds of private and public agencies serving vulnerable children and families by advancing policies, best practices and collaborative strategies in support of every child growing up in a safe, loving, stable family. CWLA's focus is on children and youth who may have experienced abuse, neglect, family disruption, or a range of other factors that jeopardize their safety, permanence, or well-being. Vulnerable children and families need the support of safety net programs such as Medicaid and CHIP. CWLA is a strong champion of these programs and the expansion authorized under the Affordable Care Act, and we believe that these and other

important federal programs in which states are offered federal funds for these critical purposes must be preserved.

26. *Consortium for Children*
Consortium for Children (CFC) supports and collaborates with public child welfare agencies, families, the court system and other participants in the public child welfare system to provide better outcomes for children and youth in foster care. Consortium for Children has an interest in preserving the federal spending programs that ensure funding and accountability for state programs that affect child welfare, including Title IV of the Social Security Act, Medicaid, the McKinney-Vento Homeless Assistance Act, and the Individuals with Disabilities Education Act.

27. *David Satcher, M.D., Ph.D.*
David Satcher, M.D., Ph.D., served as the 16th Surgeon General of the United States, under Presidents Bill Clinton and George W. Bush. Dr. Satcher is a fellow of the American Academy of Family Physicians, the American College of Preventive Medicine, and the American College of Physicians, and is Board-certified in Preventive Medicine. He was a four-star admiral in the United States Public Health Service Commissioned Corps and served as the Assistant Secretary for Health. He founded and directs The Satcher Health Leadership Institute and Center of Excellence on Health Disparities at Morehouse School of Medicine. Dr. Satcher supports the expansion of Medicaid eligibility as a crucial step toward eliminating health disparities for low-income Americans and people of color.

28. *The Depression and Bipolar Support Alliance*
The Depression and Bipolar Support Alliance (DBSA) is the leading patient-directed national organization focusing on the most prevalent mental illnesses. DBSA disseminates up-to-date, scientifically based information to the public; supports research to promote the timely diagnosis and treatments; advocates for the equitable treatment and support of people living with mood disorders; and operates a grass-roots network of over 1,000 peer support groups across the country. DBSA is interested in preserving and expanding Medicaid, through which many of its constituents receive access to necessary treatment and support services.

29. *The Disability Rights Education & Defense Fund*
The Disability Rights Education & Defense Fund (DREDF), based in Berkeley, California, is a national non-profit law and policy center dedicated to advancing and protecting the civil rights of people with disabilities. Founded in 1979 by people with disabilities and parents of children with disabilities, DREDF remains board- and staff-led by members of the community it represents. Recognized for its expertise in the interpretation of federal disability civil rights laws, DREDF pursues its mission through education, advocacy and law reform efforts.

30. *The Education Trust*
The Education Trust is a nonprofit policy and advocacy organization that promotes high academic achievement for all students at all levels – pre-kindergarten through college. Education Trust's goal is to close the gaps in opportunity

and achievement that consign far too many young people – especially those from low-income families or who are black, Latino, or American Indian – to lives on the margins of the American mainstream. The Education Trust participates actively in national and state policy debates, bringing lessons learned from on-the-ground work and from unflinching data analyses to build the case for policies that will help all students and schools reach high levels of achievement. The Elementary and Secondary Education Act (ESEA) is core to the Education Trust's mission, as it ensures that states and local education agencies pay attention to the needs of their most vulnerable students and provide them with the same educational opportunities as their peers.

31. *EMQ Families First*
EMQ Families First is a nonprofit organization dedicated to helping families recover from trauma, abuse, addiction and poverty. It provides mental health treatment, foster care and social services to individuals across the state of California and advocates for improvements in the local, state and federal systems that serve children in need. EMQ Families First is interested in preserving and expanding federally funded programs including Medicaid, Title IV of the Social Security Act, the Individuals with Disabilities Education Act, and the McKinney-Vento Homeless Assistance Act.

32. *The Epilepsy Foundation of America®*
The Epilepsy Foundation of America® is the national voluntary agency dedicated solely to the welfare of the almost three million people with

epilepsy in the U.S. and their families. The Foundation works to ensure that people with seizures are able to participate in all life experiences; to improve how people with epilepsy are perceived, accepted and valued in society; and to promote research for a cure. In addition to programs conducted at the national level, epilepsy clients throughout the United States are served by more than 50 Epilepsy Foundation affiliates around the country. Federally funded services and programs such as Medicaid, the Education and Secondary Schools Act, and the Individuals with Disabilities Education Act are critically important to the epilepsy community.

33. *The Evan B. Donaldson Adoption Institute*
The Evan B. Donaldson Adoption Institute is a national, nonprofit organization devoted to improving adoption policy and practice. The Adoption Institute engages in research regarding adoption, trains and educates child welfare professionals, and advances public policies that support ethical, high-quality practices. The Institute's specific interest in this case arises from its commitment to maintaining the critical resources provided by the federal government, through Title IV-E of the Social Security Act, which successfully support the achievement of permanence through adoption for children with "special needs," and prevent them from languishing in foster care when the state terminates their parents' rights.

34. *Family Voices, Inc.*
Family Voices, Inc., is a national nonprofit organization of families whose children have

disabilities, chronic illnesses or other special health care needs. Its mission is to ensure that all such children receive family-centered care by providing families with tools to make informed decisions, advocating for improved public and private policies, building partnerships among professionals and families, and serving as a resource on health care and health care financing. The federal government's ability to establish standards for the Medicaid and State Children's Health Insurance Program (SCHIP) programs is of central interest to the members of the Family Voices network. Moreover, the Affordable Care Act's expansion of Medicaid will help young, low-income adults with special health care needs, who currently have "aged out" of Medicaid eligibility.

35. *FED ED*
FED ED is a consortium of more than 110 Illinois school districts, educational organizations and corporate sponsors, representing the interests of suburban schools in our nation's capitol. The long-term funding interests of FED ED's member school districts lie in the full-funding of IDEA, Title I, and ESEA formula grants, which provide stable funds that can lead to sustainable change. FED ED's members have a great interest in preserving Congress's ability to appropriate monies to the States under these critical Spending Clause statutes.

36. *First Star*
First Star is a national nonprofit organization dedicated to improving the lives of America's abused and neglected children by strengthening

their rights, illuminating systemic failures and igniting necessary reforms. First Star is very concerned about preserving the federally established minimum standards required of states by statutes such as the Child Abuse Prevention and Treatment Reauthorization Act of 2010.

37. *Foster Family-based Treatment Association*
The Foster Family-based Treatment Association (FFTA) represents more than 400 member agencies, and is the country's leader in treatment foster care. FFTA provides Program Standards, technical assistance, professional development programs and other resources to help agencies achieve positive outcomes. FFTA's members provide treatment foster care services to more than 50,000 children and youth each year and a larger array of services to more than 600,000 children and youth throughout North America. FFTA also advocates for the federal funding and accompanying standards necessary to provide the intensive mental health and family-based services that our most vulnerable children and youth need to stabilize and thrive.

38. *The John Burton Foundation for Children Without Homes*
The John Burton Foundation for Children Without Homes is a nonprofit organization based in San Francisco, California dedicated to improving the quality of life for California's homeless children and developing policy solutions to prevent homelessness through research, advocacy, community organizing and coalition building. The Foundation strongly supports the expansion of Medicaid eligibility to millions of currently

uninsured, low-income children, many of whom are homeless or at risk of homelessness. In addition, the Foundation is heavily invested in maintaining Congress' ability to provide funds to the States for the education of homeless children through the McKinney-Vento Homeless Assistance Act.

39. *The League of Women Voters*
The League of Women Voters of the United States is a nonpartisan, community-based political organization that encourages the informed and active participation of citizens in government and influences public policy through education and advocacy. The League is organized in eight hundred communities, in every State, with more than 150,000 members and supporters nationwide. Founded in 1920, the League has long supported federal Spending Clause legislation that carries out the League's principles and positions, which include promoting social and economic justice and the health and safety of all Americans.

40. *Learning Disabilities Association of America*
The Learning Disabilities Association of America (LDA) is the largest nonprofit volunteer organization in the country advocating for individuals with learning disabilities, with more than 200 state and local affiliates in 42 states and Puerto Rico. The membership, composed of individuals with learning disabilities, family members and concerned professionals, advocates for the almost three million students of school age with learning disabilities and for adults affected with learning disabilities. LDA is deeply concerned about maintaining federal funding for public education, and

supports and services for children with disabilities, through the Individuals with Disabilities Education Act (IDEA); the Elementary and Secondary Education Act (ESEA), recently reauthorized in the No Child Left Behind Act; and the Adult Education and Family Literacy Act.

41. *Mental Health America*
Mental Health America (MHA) is the country's leading nonprofit dedicated to helping all people live mentally healthier lives. With more than 240 affiliates nationwide, MHA represents a growing movement of Americans who promote mental wellness for the health and well-being of the nation – everyday and in times of crisis. MHA fully supports the expansion of Medicaid in the Affordable Care Act, which will permit many currently uninsured Americans the ability to access the mental health care they need.

42. *Methodist Healthcare Ministries*
Methodist Healthcare Ministries (MHM) is a private, faith-based, not-for-profit organization dedicated to providing medical, dental and health-related human services to low-income families and the uninsured in South Texas. The mission of the organization is "Serving Humanity to Honor God" by improving the physical, mental and spiritual health of those least served in the Southwest Texas Conference area of The United Methodist Church. MHM is one-half owner of the Methodist Healthcare System – the largest healthcare system in South Texas. MHM supports the expansion of Medicaid eligibility as a crucial step toward ensuring that our nation can meet the health care needs of the least served.

43. *National Alliance to Advance Adolescent Health* The National Alliance to Advance Adolescent Health is a nonprofit organization that works to improve the lives of adolescents, especially those from poor families, by focusing greater attention and resources on their health needs and on innovative ways to address those needs. The National Alliance aims to increase adolescents' access to integrated physical, behavioral, and sexual health care and to expand holistic health promotion strategies for adolescents in their communities. The National Alliance recognizes the importance of the Medicaid program in ensuring that our nation's adolescents have access to comprehensive health care.

44. *National Association for Girls and Women in Sport* The National Association for Girls and Women in Sport (NAGWS) is an association of female athletes and professionals devoted to the development of equitable and quality sport opportunities for all girls and women through relevant research, advocacy, leadership development, educational strategies, and programming in a manner that promotes social justice and change. NAGWS is deeply committed to preserving the federal government's ability to encourage the equitable participation of girls and young women in school sports teams through Title IX of the Education Amendments of 1972.

45. *National Association of County Behavioral Health & Developmental Disabilities Directors*
The National Association of County Behavioral Health & Developmental Disabilities Directors (NACBHDD) advocates for county and local behavioral health and developmental disability authorities in Washington, DC. Through education, policy analysis, and advocacy, NACBHDD promotes national policies that recognize and support the critical role counties play in caring for people affected by mental illness, addiction, and developmental disabilities. NACBHDD is also an active partner in efforts to improve access to, funding for, and quality of behavioral health services, especially those that serve the most vulnerable in our communities. For this reason, NACBHDD fully supports the expansion of Medicaid eligibility in the Patient Protection and Affordable Care Act.

46. *National Association of People Living with AIDS*
The National Association of People Living with AIDS (NAPWA) is the first coalition of people living with HIV/AIDS in the world, as well as the oldest AIDS organization in the United States. NAPWA advocates for the lives and dignity of all people living with HIV/AIDS, especially the more than one million Americans who live with it today. Through legislative advocacy, public education, and capacity-building, NAPWA works to end the HIV/AIDS epidemic in America. The Affordable Care Act's expansion of Medicaid eligibility is a critical step toward ensuring that all persons living with HIV have access to HIV medical care, including HIV medications, and to help close the

gap in access based on individuals' State of residence.

47. *National Coalition for the Homeless*
The National Coalition for the Homeless works to bring about the systemic changes necessary to prevent and end homelessness and to protect the rights of people experiencing homelessness. Homeless people suffer from multiple health problems at a rate far higher than the general U.S. population, yet 55 percent have no medical insurance. The Coalition strongly supports the expansion of Medicaid eligibility to millions of currently uninsured, low-income Americans, many of whom are homeless or at risk of homelessness. In addition, the Coalition is heavily invested in maintaining Congress' ability to provide funds to the States through the McKinney-Vento Homeless Assistance Act.

48. *National Council for Community Behavioral Healthcare*
The National Council for Community Behavioral Healthcare represents 1,900 behavioral healthcare organizations that serve our nation's most vulnerable individuals – more than 6 million adults and children with mental illnesses. The National Council promotes public policies that improve and strengthen mental health and addictions treatment by promoting access to high-quality, cost-effective community-based treatment and supports. The National Council is interested in the preservation and expansion of Medicaid as a critical step toward ensuring that people with mental illness have access to adequate health care. In addition, the Council cares

deeply about the ability of children with emotional disturbance to access needed supports and services through the Individuals with Disabilities Education Act.

49. *National Council on Independent Living*
The National Council on Independent Living (NCIL) is America's oldest cross-disability, grassroots organization run by and for people with disabilities. Founded in 1982, NCIL represents more than 700 organizations and individuals from every state and territory, including Centers for Independent Living (CILs), Statewide Independent Living Councils (SILCs), individuals with disabilities, and other organizations that advocate for the rights of people with disabilities throughout the United States. NCIL is committed to preserving and expanding access to critical health care through Medicaid. NCIL is also concerned about the vitality of many spending clause statutes, including the Individuals with Disabilities Education Act (IDEA) and Title I of the Elementary and Secondary Education Act, most recently reauthorized in the No Child left Behind Act.

50. *National Council of Jewish Women*
The National Council of Jewish Women (NCJW) is a grassroots organization of 90,000 volunteers, advocates, and supporters who turn progressive ideals into action. Inspired by Jewish values, NCJW strives for social justice by improving the quality of life for women, children, and families and by safeguarding individual rights and freedoms. NCJW works for quality, comprehensive, confidential, nondiscriminatory health-care

coverage and services, including mental health care, that are affordable and accessible for all, and supports the expansion of Medicaid eligibility in the Patient Protection and Affordable Care Act.

51. *National Education Association*
The National Education Association (NEA) is a nationwide employee organization with more than 3 million members, the vast majority of whom are employed by public school districts, colleges, and universities. NEA supports the federal government's legitimate and proper role in ensuring equity and adequacy of educational opportunity for all, including by granting aid to the States in pursuit of national interests in public education under the Elementary and Secondary Education Act.

52. *National Federation of Families for Children's Mental Health*
The National Federation of Families for Children's Mental Health advocates for children and youth with emotional, behavioral and mental health challenges and their families. The Federation has more than 2,500 individual members and provides support to a nationwide network of more than 150 family-run or youth-guided organizations. The Federation believes it is crucial that Congress be able to set standards and guidelines as a part of the requirement for states' acceptance of federal funding for important federally funded programs, such as the Individuals with Disabilities Education Act (IDEA); Title I of the Elementary and Secondary Education Act, most recently reauthorized in the

No Child Left Behind Act; the federal foster care and child support enforcement programs (Titles IV-E and IV-D of the Social Security Act); and Medicaid.

53. *National Foster Parent Association*
The National Foster Parent Association (NFPA) is a nonprofit, volunteer organization established to provide leadership and guidance to its members and to advocate for public policies designed to improve our nation's foster care system. As the "national voice for foster parents," the NFPA leads the way for the more than 120,000 foster families in this great country caring for the estimated 480,000 children in foster care. The NFPA is deeply concerned about preserving the federal foster care and child support enforcement programs (Titles IV-E and IV-D of the Social Security Act).

54. *National Organization of State Associations for Children*
The National Organization of State Associations for Children (NOSAC) assists and supports more than 35 State associations that advocate for children, particularly those in foster care and related services. NOSAC supports the expansion of Medicaid eligibility, which is critical to the health and well-being of so many currently uninsured children and families. NOSAC is also deeply concerned about preserving Congress' ability to fund foster care and child support enforcement programs and to enforce important quality standards in services delivered through such programs, though Titles IV-E and IV-D of the Social Security Act.

55. *National Respite Coalition*
The National Respite Coalition (NRC), the policy division of the ARCH National Respite Network, is a national organization of more than 300 paid members, including individuals of all ages with disabilities and mental health conditions, their family caregivers, respite providers, community and faith-based agencies, state and national organizations. NRC works to secure quality, accessible, planned and crisis respite services for all families and caregivers in need of such services to strengthen and stabilize families, and enhance child and adult safety. The National Respite Coalition supports the Affordable Care Act's expansion of Medicaid eligibility, which will allow many more caregivers and recipients to receive much-needed respite and crisis care services.

56. *National Urban League*
The National Urban League is an historic civil rights organization dedicated to economic empowerment in order to elevate the standard of living in historically underserved urban communities. Access to affordable, quality health care is one of the four cornerstones and guiding principles of the Urban League's Opportunity Compact. Established in 1910, the Urban League now spearheads the non-partisan efforts of its local affiliates to eliminate disparities that negatively impact health outcomes for African Americans. It has advanced these goals through the development of direct services such as preventive health care and health education programs, through public policy research and through advocacy. Today, there are nearly 100 affiliates in 36 states and the District of Columbia, providing direct

services that impact and improve the lives of more than 2 million people nationwide.

57. *National Women's Law Center*
The National Women's Law Center (NWLC) is a nonprofit legal advocacy organization dedicated to the advancement and protection of women's legal rights since its founding in 1972. NWLC has long sought to ensure that women have access to comprehensive, affordable health coverage, including through Medicaid. Women make-up about three-quarters of Medicaid's non-elderly adult beneficiaries, and more than one in ten women receives coverage through Medicaid. NWLC is profoundly concerned about the impact that the Court's decision may have on low-income women's access to health insurance and to other Spending Power laws important to women.

58. *North American Council on Adoptable Children*
Founded in 1974 by adoptive parents, the North American Council on Adoptable Children (NACAC) is committed to meeting the needs of tens of thousands of waiting children who cannot remain with their birth families and the families who adopt them. NACAC provides support and training to adoptive, foster, and kinship parents and identifies and advocates for policies designed to achieve permanence for foster children. NACAC is concerned about preserving Congress' ability to appropriate funding to the States under Title IV-B (child welfare services, promoting safe and stable families) and Title IV-E (foster, kinship care and adoption assistance) of the Social Security Act.

59. *OMNI Behavioral Health*
OMNI Behavioral Health is a nonprofit corporation that provides mental health care to children and adolescents who have serious emotional and behavioral difficulties, and their families; serves adults with intellectual disabilities; and provides therapeutic services to people with eating disorders throughout the Eastern and Central regions of Nebraska. OMNI's clients benefit from the critical mental health care services made available to them through Medicaid, as well as from many other federally funded, locally administered programs, including services provided pursuant to the Individuals with Disabilities Education Act (IDEA); Title I of the Elementary and Secondary Education Act; and the federal foster care and child support enforcement programs (Titles IV-E and IV-D of the Social Security Act).

60. *PACER Center*
PACER Center is a parent training and information center for families of children and youth with all disabilities from birth through 21 years old. Located in Minneapolis, it serves families across the nation, and more than 175,000 families in Minnesota. PACER Center works to expand opportunities and enhance the quality of life of children and young adults with disabilities and their families, based on the concept of parents helping parents. PACER Center provides publications, workshops, and other resources on education, vocational training, employment, and other services for children with disabilities. PACER Center is interested in preserving Congress' Spending Clause powers because of the vital importance of federal funding for programs

that support families with children with disabilities.

61. *Paralyzed Veterans of America*
The Paralyzed Veterans of America (PVA) is a congressionally chartered veterans' service organization founded in 1946 with more than 20,000 members, all of whom are veterans of the armed forces with spinal cord injury or dysfunction. PVA has developed a unique expertise on a wide variety of issues involving the special needs of its members and uses that expertise to be the leading advocate for civil rights and opportunities which maximize the independence of our members. Virtually all PVA members use wheelchairs for mobility and have a significant interest in equal access to affordable health care and the broadest possible implementation of the Affordable Care Act.

62. *Partnerships for Action, Voices for Empowerment*
Partnerships for Action, Voices for Empowerment (PAVE) is a nonprofit, parent-directed organization based in Tacoma, Washington that offers training and information parents need to work with special education professionals in meeting the early intervention and special needs of children with disabilities. PAVE cares deeply about the need to ensure that everyone has appropriate access to healthcare resources, regardless of income. PAVE is also deeply concerned about maintaining federal funding for public education, and supports and services for children with disabilities, through the Individuals with Disabilities Education Act (IDEA); the Elementary

and Secondary Education Act (ESEA), recently reauthorized in the No Child Left Behind Act.

63. *Public Education Network*
Public Education Network (PEN) is a national association of local education funds (LEFs) and individuals working to advance public school reform in low-income communities across our country. PEN serves 12 million students in the United States, or 24 percent of America's public school population. PEN supports the federal government's ability to ensure equity and adequacy of educational opportunity for all, including by granting aid to the States in pursuit of national interests in public education under the Individuals with Disabilities in Education Act and the Elementary and Secondary Education Act.

64. *Resources for Human Development, Inc.*
Resources for Human Development, Inc. (RHD) is a comprehensive, nonprofit, social service organization with headquarters in Philadelphia. Founded in 1970, RHD oversees and supports more than 160 locally managed human service programs in 14 states, including in the areas of behavioral health, addiction recovery, intellectual disabilities, trauma-recovery support and other services for combat veterans, homeless shelters, health care, and employment services. RHD clients benefit from the critical health care services made available to them through Medicaid, as well as from many other federally funded, locally administered programs, including services provided pursuant to the Individuals with Disabilities Education Act (IDEA); Title I of the Elementary and Secondary Education Act; Titles IV-E and IV-D of

the Social Security Act, and the Workplace Investment Act.

65. *Restoration Society, Inc.*
Restoration Society, Inc. (RSI) is a peer-run agency that operates a recovery center, the WNY Empowerment Network. The Network provides many services, including experiential activities and vocational supports that help individuals gain and maintain employment and/or volunteer positions; parenting support and educational opportunities; financial literacy services; family support; home ownership; peer support and self-help; literacy training; educational support; crisis support; recovery planning; and skills and resources development. RSI supports the Affordable Care Act's expansion of Medicaid eligibility as a crucial mechanism for meeting the mental health care needs of millions of Americans living in poverty.

66. *San Francisco AIDS Foundation*
Through education, advocacy and direct services for prevention and care, the San Francisco AIDS Foundation is confronting HIV in communities most vulnerable to the disease. Established in 1982, the Foundation's mission is to radically reduce the rate of new infections in San Francisco, where the AIDS epidemic began, and eventually, everywhere. The Foundation supports the expansion of Medicaid eligibility as an essential step toward ensuring adequate medical care and access to medication for low-income people with HIV and AIDS.

67. *School Social Work Association of America*
The School Social Work Association of America (SSWAA) promotes the profession of school social work to enhance the educational experiences of students and their families. SSWAA achieves this mission by offering continuing professional development, by supporting the effectiveness of school social work services through research and evaluation, and through strong public policy advocacy. SSWAA supports school social workers in creating linkages among schools, families, and communities to address barriers to student success. SSWAA members serve the mental health needs of students and families through early identification, prevention, intervention, counseling, and support. Medicaid funding and services provide a critical line of support in addressing the needs of these families in their schools and communities.

68. *Southwest Behavioral Health Services*
Southwest Behavioral Health Services (SBHS) is one of the largest nonprofit behavioral health organizations in Arizona. The organization's mission is to provide the highest quality, person-centered and community-based services that will promote health, wellness and community integration for a very high risk group of citizens in Arizona. Annually, SBHS provides approximately 12,000 persons with services in the areas of housing, residential care, crisis intervention and stabilization, homeless outreach, case management, psychiatric services and intensive outpatient services. SBHS supports the Affordable Care Act's expansion of Medicaid eligibility: Medicaid reimbursements the federal government funnels

through the States to provider organizations and persons served are essential to reducing the long-term costs of health care and providing care to vulnerable populations.

69. *Specialized Training Of Military Parents*
Specialized Training Of Military Parents (STOMP) is a federally funded Parent Training and Information (PTI) Center established to assist military families who have children with special education or health needs. STOMP cares deeply about the need to ensure that everyone has appropriate access to healthcare resources, regardless of income. STOMP is also deeply concerned about maintaining federal funding for public education, and supports and services for children with disabilities, through the Individuals with Disabilities Education Act (IDEA); the Elementary and Secondary Education Act (ESEA), recently reauthorized in the No Child Left Behind Act.

70. *Thresholds*
The Thresholds is an Illinois not-for-profit corporation that provides a variety of psychiatric rehabilitation and recovery services to people with severe and persistent mental illnesses. Thresholds is the largest not-for-profit provider of mental health services in the Chicagoland area, serving 5,000 persons annually. Services include day programs, community based outreach programs, employment support and placement, and residential housing. The Affordable Care Act's expansion of Medicaid eligibility ensures that those with the greatest mental health needs are able to access services without having to first

receive a disability determination from Social Security.

71. *United Spinal Association*
United Spinal Association is the largest nonprofit organization dedicated to helping people living with spinal cord injuries and disorders. United Spinal provides active-lifestyle information, peer support, and advocacy to empower its 35,000 members and others to achieve their highest potential in all facets of life. Its public policy initiatives focus on expanding education and employment, promoting community integration, and enforcing accessibility and nondiscrimination statutes. United Spinal Association is interested in preserving and expanding the availability of Medicaid to help its low-income members live full lives in their own homes.

72. *U.S. Psychiatric Rehabilitation Association*
With approximately 1,400 members, the U.S. Psychiatric Rehabilitation Association (USPRA) is the preeminent association advancing the practice of psychiatric rehabilitation and recovery in the United States. USPRA and its members developed and defined the practice of psychosocial/psychiatric rehabilitation, establishing these services as integral to community-based treatment and leading the recovery movement. Psychiatric rehabilitation services are essential for keeping individuals with mental illnesses off the streets and out of detention centers and hospital emergency rooms. For this reason, USPRA has long advocated for the expansion of Medicaid eligibility to millions of low-income Americans who are currently uninsured.

73. *Vet to Vet*
Vet to Vet is a consumer/provider partnership program in which veterans with mental illness or psychiatric conditions who are in recovery work to help other veterans in a peer-counseling capacity. Vet to Vet is administered by veterans who themselves have been consumers of Veterans' Administration mental health services. Vet to Vet provides a six-week, peer-facilitator training program that teaches veterans how to facilitate peer group sessions and introduce program learning topics. Many veterans and their families rely on Medicaid, and Vet to Vet has a strong interest in equal access to affordable healthcare and the broadest possible implementation of the Affordable Care Act.

74. *Vinfen*
Vinfen is a private nonprofit human services organization that provides a comprehensive array of services to adults with psychiatric and developmental disabilities. Vinfen is the largest contractor providing Department of Mental Health services in Massachusetts, is involved in numerous state provider and advocacy organizations, and in a wide range of policy planning activities in Massachusetts and Connecticut. Vinfen is able to meet the mental health care needs of many of its clients because of Medicaid, and is deeply committed to the preservation and expansion of the Medicaid program.

75. *Voice for Adoption*
Voice for Adoption (VFA) is a membership advocacy organization with a network of grassroots adoption and child welfare advocates throughout

the country. VFA develops and advocates for improved adoption policies, and recruits and supports adoptive families. Recognized as a national leader in special-needs adoption, VFA works closely with federal and state legislators to make a difference in the lives of the 107,000 children in foster care who are waiting to be adopted and the families who adopt children from foster care. Voice for Adoption is concerned about preserving Congress' ability to appropriate funding to the States under Title IV-B (child welfare services, promoting safe and stable families) and Title IV-E (foster, kinship care and adoption assistance) of the Social Security Act.

76. *Volunteers of America*
Volunteers of America is a national, faith-based non-profit organization, and one of the largest human services organizations in the country. With nearly 16,000 paid professional employees and 65,000 volunteers, Volunteers of America provides services to more than two million people in more than 400 communities, including at-risk youth; the frail elderly; men and women returning from prison; homeless individuals and families, including veterans; people with disabilities; and those recovering from addictions. Volunteers of America supports the expansion of Medicaid eligibility, which is vitally important for the low-income people the organization serves who are currently uninsured. In addition, Volunteers of America is concerned about the preservation of many other federally funded, locally administered programs that provide critical services to so many families and individuals in need.

77. *Whitman-Walker Clinic, Inc.*
Whitman-Walker Clinic, Inc., doing business as Whitman-Walker Health, is a community-based, nonprofit health care center offering primary medical care and HIV/AIDS specialty care; mental health and addiction treatment services; dental care; medical adherence case management; testing and prevention services for HIV and sexually transmitted infections; and legal services to residents of the District of Columbia and the greater Washington metropolitan area. Many of Whitman Walker's patients and clients are un- or underinsured. The expansion of the Medicaid program under the Affordable Care Act is a major step forward in ensuring adequate access to medical care for this population, and to relieving the crushing financial burden on community health centers and other institutions that provide uncompensated care to substantial numbers of individuals and families without adequate insurance.

78. *Women's Sports Foundation*
The Women's Sports Foundation (WSF) is a nonprofit educational organization dedicated to expanding opportunities for girls and women to participate in sports and fitness and to creating an educated public that supports gender equity in sports. The WSF distributes hundreds of thousands of dollars a year in grants and scholarships to female athletes and girls' sports programs, answers thousands of inquiries per year concerning Title IX and other women's sports-related questions, and administers award programs to increase public awareness about the achievements of girls and women in sports. WSF is deeply committed to preserving the federal government's

ability to encourage the equitable participation of girls and young women in school sports teams through Title IX of the Education Amendments of 1972.

79. *YWCA USA*
YWCA USA is a national nonprofit women's organization dedicated to eliminating racism, empowering women and promoting peace, justice, freedom and dignity for all. The YWCA represents more than two million women and girls, and serves thousands of women, girls, and their families annually through a variety of programs and services, including violence prevention and recovery programs, housing programs, job training services, and more. YWCA's clients include women and girls escaping violence, low-income women and children, elderly women, disabled women, homeless women, and families. The organization is interested in the preservation and expansion of the Medicaid program because it provides healthcare for millions of women and girls across our country, including YWCA clients.