NO. 11-398

IN THE SUPREME COURT OF THE UNITED STATES

DEPARTMENT OF HEALTH AND HUMAN SERVICES, et al.,

Petitioners

v.

STATE OF FLORIDA, et al.,

Respondents

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

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BRIEF OF THE NATIONAL WOMEN'S LAW CENTER, *ET AL.* AS *AMICI CURIAE* IN SUPPORT OF PETITIONER ON THE MINIMUM COVERAGE PROVISION

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NATIONAL PARTNERSHIP FOR WOMEN & FAMILIES, NORTH DAKOTA WOMEN'S NETWORK, NORTHWEST HEALTH LAW ADVOCATES, OLDER WOMEN'S LEAGUE, PEOPLE FOR THE AMERICAN WAY FOUNDATION, PHI–QUALITY CARE THROUGH QUALITY JOBS, PHYSICIANS FOR REPRODUCTIVE CHOICE AND HEALTH, PLANNED PARENTHOOD FEDERATION OF AMERICA, RAISING WOMEN'S VOICES FOR THE HEALTH CARE WE NEED, SARGENT SHRIVER NATIONAL CENTER ON POVERTY LAW, SEXUALITY INFORMATION AND EDUCATION COUNCIL OF THE UNITED STATES, SOUTH DAKOTA ADVOCACY NETWORK FOR WOMEN, SOUTHWEST WOMEN'S LAW CENTER, TAKE ACTION MINNESOTA, UNION FOR REFORM JUDAISM, WIDER OPPORTUNITIES FOR WOMEN, WISCONSIN ALLIANCE FOR WOMEN'S HEALTH, WOMEN OF REFORM JUDAISM, WOMEN'S LAW PROJECT, WOMEN'S WAY

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INTEREST OF AMICI CURIAE

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. Women have long faced great difficulty obtaining comprehensive, affordable health coverage due to harmful and discriminatory health insurance industry practices. NWLC is profoundly concerned about the impact that the Court's decision may have on women's access to health insurance.

Statements of interest of 60 additional *amici* organizations committed to removing discriminatory barriers to access to health insurance and health care are set out in the Appendix.[1]

SUMMARY OF ARGUMENT

The Patient Protection and Affordable Care Act, Pub. L. No. 111-148, 124 Stat. 119 (2010), as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152, 124

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[1]Pursuant to Rule 37.3, letters of consent to the filing of this brief have been submitted to the Clerk of the Court. Pursuant to Rule 37.6, counsel for *amici* states that no counsel for a party authored this brief in whole or in part and none of the parties or their counsel, nor any other person or entity other than *amici*, their members or counsel, made a monetary contribution intended to fund the preparation or submission of this brief.

Stat. 1029 (2010) (hereinafter collectively referred to as the "the Affordable Care Act" or "the ACA"), makes important advances in women's health care, addressing a crisis of discrimination and obstacles to access truly national in scope. Indeed, a major purpose and concern of Congress in passing the ACA was improving women's health and ameliorating the disadvantages and discrimination women have faced in obtaining health care and health insurance. Like the civil rights laws of the past 50 years, the ACA aims at "a moral and social wrong" that itself has profound economic consequences. *Heart of Atlanta Motel v. United States*, 379 U.S. 241, 257 (1964).

The law's approach to achieving near-universal health insurance coverage, lowering insurance premiums, and eliminating or reforming an array of widespread practices in the health care market that deny or limit coverage has, and was intended to have, a particularly important effect on women. By requiring insurers to provide coverage to all who seek it, regardless of health status, it remedies long-standing insurer practices of refusing to sell insurance to women with "pre-existing conditions" such as pregnancy, a previous Caesarean section, or a history of having survived domestic abuse. Moreover, the Act explicitly targets practices that discriminate against or disadvantage women, such as charging women more for insurance coverage based solely on their sex and refusing to cover or overcharging women for essential services such as maternity care.

Through its many provisions protecting against discrimination and removing obstacles that

women and other disadvantaged groups face in obtaining health insurance and care, the ACA is a significant piece of civil rights litigation. The Act seeks to address the economic impacts of the disadvantage and discrimination that women face, remove barriers to women's participation in the health insurance market, and advance women's health. Like the many federal civil rights laws that preceded it, the ACA is a law targeting a fundamental issue of national concern for which a national solution is both appropriate and needed.

The authority of the federal legislature both to regulate markets to address the impact of discrimination, and to regulate health insurance and the national market for health care services, is well settled. An individual responsibility provision, requiring individuals to obtain insurance, has proven important for effective implementation of the requirement that insurance companies make insurance available to all who seek it and cover pre-existing conditions, and thus essential to advancing the ACA's goals of removing barriers to women's participation in the health insurance market. The ACA thus requires that all Americans, unless otherwise exempt, carry some minimum level of insurance as part of its comprehensive regulatory scheme. Like other federal laws, including particularly laws prohibiting discrimination, the Act generally prohibits "opting out" because Congress's legitimate regulatory goals are best served by full participation, given the aggregate economic and social impact of the regulated behavior.

As a component of Congress's comprehensive regulatory scheme for addressing failures in the health insurance market and barriers to individuals' participation in that market, the individual responsibility provision is a valid exercise of Commerce Clause power. Like other major civil rights statutes, the ACA is a valid exercise of Commerce Clause authority in pursuit of a fundamental moral principle with broad economic and practice effects, whose recognition must be national in scope.

ARGUMENT

I. A MAJOR PURPOSE OF THE AFFORDABLE CARE ACT IS IMPROVING WOMEN'S ACCESS TO HEALTH CARE AND HEALTH INSURANCE AND ELIMINATING PRACTICES THAT DISCRIMINATE AGAINST AND DISADVANTAGE WOMEN

The ACA is a comprehensive system of regulation designed to lower health care costs throughout the United States, provide minimum standards of coverage for health insurance and end some of the most significant barriers to inclusive health care access. Many of the ACA's most important provisions were enacted with the express purpose of addressing the myriad ways in which the existing insurance market has discriminated against and failed to meet the basic needs of women. As Congresswoman Barbara Lee explained days before the law's passage:

> While health care reform is essential for everyone, women are in particularly dire need for major changes to our health care system. Too many women are locked out of the health care system because they face discriminatory insurance practices and cannot afford the necessary care for themselves and for their children.

156 Cong. Rec. H1632-04 (daily ed. March 18, 2010).[2] As the Speaker stated on the night the House approved the legislation, "It's personal for women. After we pass this bill, being a woman will no longer be a preexisting medical condition." 156 Cong. Rec. H1891-01 (daily ed. March 21, 2010) (Statement of Rep. Pelosi).

The nationwide consequences of the insurance market's failure to meet women's needs are significant. In 2009, immediately prior to the ACA's passage, nearly one in five women ages 18-64 was

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[2] *See also, e.g.*, *infra* n. 4; 155 Cong. Rec. S12026 (daily ed. Oct. 8, 2009) (statements of Sen. Mikulski) ("[H]ealth care is a women's issue, health care reform is a must-do women's issue, and health insurance reform is a must-change women's issue because . . . when it comes to health insurance, we women pay more and get less."); 155 Cong. Rec. S10262-01 (daily ed. Oct. 8, 2009) (statement of Sen. Boxer) ("Women have even more at stake. Why? Because they are discriminated against by insurance companies, and that must stop, and it will stop when we pass insurance reform."); 156 Cong. Rec. H1854-02 (daily ed. March 21, 2010) (statement of Rep. Maloney) ("Finally, these reforms will do more for women's health . . . than any other legislation in my career.").

uninsured. National Women's Law Center analysis based on U.S Census Bureau, *2009 American Community Survey*, http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml. The situation was even worse for women of color: 37.6% of Hispanic women, 23.4% of Black women, 29.9% of American Indian/Alaskan Native women, and 20.0% of Asian/Pacific Islander women were uninsured (compared to 13.9% of white women). *Id.*

That same year, over two million fewer women had job-based insurance than had the year before. *Id.* More than half of all women reported forgoing needed health care for financial reasons. Sheila D. Rustgi *et al.*, *Women at Risk: Why Many Women Are Forgoing Needed Health Care* 1 (Commonwealth Fund, pub. 1262, vol. 52, 2009), *available at* http://www.commonwealthfund.org/~/media/Files/Publications/Issue%20Brief/2009/May/Women%20at%20Risk/PDF_1262_Rustgi_women_at_risk_issue_brief_Final.pdf; *see also* 155 Cong. Rec. S13674 (daily ed. Dec. 21, 2009) (statement of Sen. Boxer) (describing women's difficulties in accessing medical care); *see also* 155 Cong. Rec. S13674 (daily ed. Dec. 21, 2009) (statement of Sen. Boxer) (same); *Comprehensive Health Care Reform: An Essential Prescription for Women*, 2009 Joint Economic Report, H.R. Rep. 111-388 at 77-81 (2009) (same). "Compared with men, women require more health care services during their reproductive years (ages 18 to 45), have higher out-of-pocket medical costs, and have lower average incomes." Rustgi, *supra*, at 1. In enacting the ACA, Congress recognized the need for uniform national legislation to address the barriers

and discrimination that women face in obtaining health insurance and medical care.

A. Women's Stake in the Ban on Pre-Existing Condition Exclusions and the Guaranteed Issue Requirement

As Congress recognized in passing the ACA, women have been sharply affected by insurers refusing to sell health coverage in the individual market to those with a pre-existing condition.[3] First, women are especially affected by preexisting condition denials because they are more likely than men to suffer from chronic conditions requiring

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[3]For a few examples of numerous such references in the Congressional debates, see, *e.g.*, 156 Cong. Rec. H1873 (daily ed. March 21, 2010) (statement of Rep. Woolsey) ("I wonder how many of my colleagues realize that essentially being a woman is a preexisting condition."); 156 Cong. Rec. H1638 (daily ed. March 18, 2010) (statement of Rep. Moore) ("Health care reform here will provide women the care that they need [and] . . . ban the insurance practice of rejecting women with a preexisting condition."); 155 Cong. Rec. S12051 (daily ed. Dec. 1, 2009) (statement of Sen. Franken) ("In many States, it is legal to charge women higher premiums, or deny them coverage at all, if they have had a C-section. It is a preexisting condition. . . . [I]n many States in this country an insurance company can deny a woman coverage because she has been the victim of domestic violence, because it is a preexisting condition. That is wrong."); 155 Cong. Rec. H12368 (daily ed. Nov. 5, 2009) (statement of Rep. Hirono) ("Nine States allow private plans to refuse coverage for domestic violence survivors. . . . In many policies, a previous C-section and being pregnant are considered preexisting conditions."); 155 Cong. Rec. S10265 (daily ed. Oct. 8, 2009) (statement of Sen. Murray) ("Our health care system is broken . . . for women we have heard about who have been denied coverage or charged more for preexisting conditions such as pregnancy or C sections or, tragically, domestic violence.")

ongoing treatment, like asthma or diabetes. H.R. Rep. 111-388 at 70 (2009). Second, several pre-existing conditions excluded by insurers exclusively or primarily affect women.

For example, women have been charged significantly more for coverage because they had previously given birth by Caesarean section. *See, e.g.*, *What Women Want: Equal Benefits for Equal Premiums*, Hearing before the Senate Comm. on Health, Education, Labor and Pensions, 111th Congress (October 15, 2009) (testimony of Marcia D. Greenberger, President, National Women's Law Center), *available at* http://help.senate.gov/imo/media/doc/Greenberger.pdf Other women have been denied coverage altogether unless they have been sterilized or are no longer of child-bearing age, or have been subject to an exclusionary period during which the insurer will not cover costs related to Caesarean sections or pregnancy. *See, e.g.*, 155 Cong. Rec. S10264 (daily ed. Oct. 8, 2009) (statement of Sen. Shaheen); 155 Cong. Rec. S11930 (daily ed. Nov. 21, 2009) (statement of Sen. Franken). For instance, as she recounted in 2009, in testimony before the Senate Committee on Health, Education, Labor, and Pensions, Peggy Robertson was denied insurance coverage, based on her previous Caesarean section; the insurer told her that she could only obtain coverage if she were sterilized. *What Women Want: Equal Benefits for Equal Premiums*, *supra* (testimony of Peggy Robertson), *available at* http://help.senate.gov/imo/media/doc/Robertson.pdf. These exclusions have a broad impact, as nearly one-third of births in the United States are by Caesarean

section. Faye Menacker & Brady Hamilton, *NCHS Data Brief No. 35, Recent Trends in Cesarean Delivery in the United States* 1 (2010), *available at* http://www.cdc.gov/nchs/data/databriefs/db35.pdf.

Some insurers deny coverage to women who have survived domestic violence. *See* Jenny Gold, *Domestic Abuse Victims Struggle with Another Blow: Difficulty Getting Health Insurance*, Kaiser Health News (October 7, 2009), http://www.kaiserhealthnews.org/Stories/2009/October/07/Domestic-Abuse.aspx. As Congresswoman Betty McCollum recounted in the days before the passage of the ACA:

> In 2006, attorney Jody Neal-Post tried to get health insurance but was rejected. Why? Because of treatment she received after a domestic abuse incident. Her insurer told her that her medical history made her a higher risk, more likely to end up in an emergency room and need care. 1.3 million American women are victims of physical assault by an intimate partner each year, and 85 percent of domestic violence victims are women. We can help the one out of every four women who are victims of domestic violence by stopping them from being victimized again by their insurance companies.

156 Cong. Rec. H1660 (daily ed. March 19, 2010); *see also, e.g.*, 156 Cong. Rec. H1873 (daily ed. March 21, 2010) (statement of Rep. Woolsey), 155 Cong. Rec. S10264 (daily ed. Oct. 8, 2009) (statement of Sen.

Shaheen); 155 Cong. Rec. S12462 (daily ed. Dec. 5, 2009) (statement of Sen. Harkin).

Some women have been denied health insurance coverage because they have previously received treatment for sexual assault. For instance, insurance agent Chris Turner received anti-HIV preventative medication after she was sexually assaulted in 2002. As a result, she could not obtain health insurance for three years; insurers refused to extend coverage based on the anti-HIV medication, even though she tested negative for HIV. Danielle Ivory, *Rape Victim's Choice: Risk AIDS or Health Insurance?*, Huffington Post (March 18, 2010), http://www.huffingtonpost.com/2009/10/21/insurance-companies-rape-n_328708.html. Other women report being denied insurance coverage because of a diagnosis of post-traumatic stress disorder stemming from a previous assault. *Id.*

Women also have been routinely denied health insurance in the private market on the basis of pregnancy. In 2010, the House Committee on Energy and Commerce investigated pre-existing condition denials by the four largest private for-profit health insurers in the country and found that all four identified pregnancy as a health condition requiring automatic denial of coverage. Chairman Henry A. Waxman and Rep. Bart Stupak, *Maternity Coverage in the Individual Health Insurance Market*, Memorandum to House Committee on Energy and Commerce, 111th Cong., 3-4 (October 12, 2010), *available at* http://democrats.energycommerce.house.gov/Press_111/20101012/Memo.Maternity.Coverage.Individual.Market.2010.10.12.pdf. These findings are

consistent with the letter written by "Kelly," from Columbus, Ohio, which Senator Brown read on the Senate floor during the ACA debates: Kelly had purchased a family policy on the individual market, learned that she was pregnant, and inquired about the maternity coverage she had added to her family's policy despite the high cost: "'I was shocked to learn there was a nine-month waiting period before the coverage took effect—and that the pregnancy and birth would not be covered because it's a pre-existing condition. That is $15,000 to $20,000 that would not be covered. My husband and I talked about that if I needed critical medical care, could we end up bankrupt? Could we lose our home?'" 155 Cong. Rec. S12462 (daily ed. Dec. 5, 2009) (statement of Sen. Brown); *see also, e.g.*, 156 Cong. Rec. H1719 (daily ed. March 19, 2010) (statement of Rep. Woolsey) (decrying treatment of pregnancy as pre-existing condition); 155 Cong. Rec. S10262, S10263 (daily ed. Oct. 8, 2009) (statements of Sen. Klobuchar, Sen. Stabenow) (same); 155 Cong. Rec. S11934, S11947, S11957 (daily ed. Nov. 21, 2009) (statements of Sen. Levin, Sen. Kaufman, Sen. Menendez) (same).

The ACA makes this discriminatory conduct a thing of the past by prohibiting insurance companies from denying coverage based on pre-existing conditions. *See* 42 U.S.C. §§ 300gg, 300gg-1. In addition, the law adopts "guaranteed issue," requiring that insurers sell policies to any person or employer who wishes to purchase a policy. *Id.* These provisions are made possible by the individual responsibility provision challenged in this case. As explained by the United States, empirical evidence shows that the ACA's ban on pre-existing conditions

and guaranteed issue requirement will not work effectively without the full participation that the individual responsibility provision works to ensure. Petitioners' Brief at 26-30. In states that have tried to enact the former without the latter, costs of insurance have skyrocketed. Under such a regulatory regime, people who are healthy may forgo insurance until they are sick and purchase insurance just at the moment when the insurer will have to spend most on their care, without having previously paid premiums that would cover some portion of these costs. In order to make up for these losses, insurance companies must substantially increase premium rates for everyone. When premiums increase, there is even greater incentive for healthy individuals not to purchase insurance, leaving only the truly sick in the insurance pool. This is referred to as a "death spiral." *Making Health Care Work for American Families*, Hearing Before the H. Comm. on Energy & Commerce, Subcomm. on Health, 111th Cong. (Mar. 17, 2009) (testimony of Princeton University Professor Uwe Reinhardt), *available at* http://democrats.energycommerce.house.gov/Press_111/20090317/testimony_reinhardt.pdf.

To avoid that spiral, the ACA included its individual responsibility provision. *See* 26 U.S.C. § 5000A. If all people have minimum coverage, regardless of their health at a particular moment, then when they do need care, they will have been paying into the system. The balanced and relatively predictable income into the system makes it possible for insurers to cover all comers, including people with pre-existing conditions. *See* 42 U.S.C. § 18091(a)(2) (congressional findings on need for

individual responsibility provision). Thus, one of the centerpieces of the regulatory system envisioned in the ACA, and a key measure for ending gender inequities in health access and outcomes, turns on the full participation that the individual responsibility provision seeks to achieve.

B. The ACA's Comprehensive Approach to Women's Health

The ban on pre-existing condition exclusions and the guaranteed issue requirement will significantly improve women's access to health insurance and care. In addition, the ACA includes a range of other provisions designed to end discrimination against women in health insurance. The Respondents ask this Court to strike down all of these policies in their entirety.

1. Ending gender rating

The widespread insurer practice of "gender-rating"—charging women higher premiums than men of the same age—has long made insurance prohibitively costly for women in the individual market and for small businesses that employ significant numbers of women. When Congress considered the ACA, the overwhelming majority of states still permitted this discriminatory practice; in these states, 95 percent of surveyed best-selling plans charged a 40-year-old woman more than a 40-year-old man for identical coverage. *What Women Want: Equal Benefits for Equal Premiums*, *supra*;

Bridget Courtot *et al.*, National Women's Law Center, *Still Nowhere to Turn: Insurance Companies Treat Women Like a Pre-Existing Condition* 5-6 (2009), http://www.nwlc.org/sites/default/files/pdfs/stillnowheretoturn.pdf. Almost none of these plans included maternity coverage (as discussed below), and thus costs associated with pregnancy and childbirth did not explain this difference. *Id.* Rather, the differences in premiums were arbitrary and highly variable. In Arkansas, premiums among the ten best-selling plans ranged from 13 to 63 percent more for women. Lisa Codispoti *et al.*, National Women's Law Center, *Nowhere to Turn: How the Individual Health Insurance Market Fails Women* 10 (2008), http://www.nwlc.org/sites/default/files/pdfs/NWLCReport-NowhereToTurn-81309w.pdf (appended to Greenberger testimony, *supra*). An insurer in Missouri charged 40-year-old women 140 percent more than men of the same age. *Id.* One small employer with a predominantly female workforce estimated that she paid $2,000 more per employee for health coverage due to her company's gender makeup. Jenny Gold, *Fight Erupts Over Health Insurance Rates for Businesses with More Women*, Kaiser Health News (October 25, 2009), http://www.kaiserhealthnews.org/Stories/2009/October/23/gender-discrimination-health-insurance.aspx.

As Representative Jackie Speier queried on the floor of the House of Representatives:

> Is a woman worth as much as a man? One would think so, unless, of course, one was considering our current health care system, a system where women pay

> higher health care costs than men. Now, believe it or not, in 60 percent of the most popular health care plans in this country, a 40-year-old woman who has never smoked will pay more for health insurance than a 40-year-old man who has smoked.

156 Cong. Rec. H1637 (daily ed. March 18, 2010); *see also* Courtot *et al.*, *supra*, at 6. Ending gender rating was an important purpose of the ACA,[4] which makes gender-rating illegal in every state in both the individual markets and the small group markets. *See* Pub. L. No. 111-148, § 1201.

2. Making maternity coverage available to all

Approximately 85 percent of women in the United States have given birth by age 44, and maternity care is one of the most common types of medical care that women of reproductive age receive. But the vast majority of individual market insurance plans in 2009 did not offer any maternity coverage; others required women to pay high supplemental fees to obtain even limited coverage. A 2009 study of 3600 individual market plans around the United

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[4] *See, e.g.*, H.R. Rep. No. 111-299(III), at 92 (2009) (describing ending discrimination by insurance companies, including charging different premiums on the basis of gender, a "key element to health reform"); 156 Cong. Rec. H1894, H1898, H1909 (daily ed. March 21, 2010) (statements of Reps. DeLauro, Sanchez, and Velazquez); 155 Cong. Rec. S9524 (daily ed. Sept. 17, 2009) (statement of Sen. Casey); 155 Cong. Rec. S12870 (daily ed. Dec. 10, 2009) (statement of Sen. Baucus); 155 Cong. Rec. S13595 (daily ed. Dec. 21, 2009) (statement of Sen. Harkin).

States found that only 13 percent included any coverage for maternity care. *See* Courtot *et al.*, *supra*, at 6; *see also, e.g.*, H.R. Rep. 111-299(III) at 104 ("The Committee recognizes that historically, insurers have not covered medical services addressing a range of women's health needs, resulting in high out-of-pocket costs for medical services, such as maternity care and preventive screenings."); 155 Cong. Rec. S10265 (daily ed. Oct. 8, 2009) (statement of Sen. Mikulski) ("I think people would find it shocking, good men would find it shocking that maternity care is often denied as a basic coverage. . ."); 155 Cong. Rec. S12027 (daily ed. Dec. 1, 2009) (statement of Sen. Gillibrand) ("Some of the most essential services required by women are currently not covered by many insurance plans, such as childbearing . . . ."). In some instances, women in the individual market had an option to purchase supplemental maternity benefits for an additional premium (known as a rider), but coverage was often expensive and limited in scope. *See* Courtot *et al.*, *supra*, at 11; *What Women Want: Equal Benefits for Equal Premiums*, *supra* (testimony of Amanda Buchanan), *available at* http://help.senate.gov/imo/media/doc/Buchanan.pdf. For instance, maternity riders in Kansas and New Hampshire cost over $1,100 *per month* in 2008. Codispoti *et al.*, *supra*, at 11. Other maternity riders limited total maximum benefits to $3,000 to $5,000 in 2008, when the average cost for an uncomplicated hospital-based vaginal birth was $7,488 in 2006, not including prenatal or postpartum care. *Id.* Moreover, an investigation by the House Energy and Commerce Committee found that insurers intended specifically

to reduce or eliminate coverage of maternity expenses in order to reduce costs; for example, company executives for one insurer noted the "risk" that "by offering a maternity rider we would be attractive to potential members who are likely to have children." Waxman & Stupak, *supra*, at 6-8. Uninsured pregnant women are considerably less likely to receive proper prenatal care and are thus at risk of complications that could be prevented or managed given appropriate care. *See* Amy Bernstein, Alpha Center, *Insurance Status and Use of Health Services by Pregnant Women* (1999), http://www.marchofdime.com/chapterassets/files/bernstein_paper.pdf; Susan Egerter *et al.*, *Timing of Insurance Coverage and Use of Prenatal Care Among Low-Income Women*, 92 Am. J. Pub. Health 423, 423-27 (2002).

The ACA addresses this problem. Beginning in 2014, new health plans in the individual and small-group markets must cover maternity and newborn care as "essential health benefits." Pub. L. No. 11-148, § 1302(b)(D). Moreover, health plans will no longer be permitted to require prior approval for women seeking obstetric or gynecological care. *Id.* at§2719(A)(d). This will ensure greater access to the prenatal care that is essential to healthy pregnancy and birth.

3. Prohibiting sex discrimination in health care and health insurance

The ACA prohibits discrimination on the basis of sex, race, national origin, disability, or age in health programs or activities receiving federal

financial assistance, as well as discrimination by programs administered by executive agencies or any entity established under Title I of the ACA (such as the Health Insurance Exchanges, the "insurance marketplaces" where individuals and small employers will be able to compare and purchase health plans). *See* 42 U.S.C. § 18116. This groundbreaking nondiscrimination provision (which in design mirrors Title IX, the federal law prohibiting sex discrimination in education) is the first time federal law has ever broadly prohibited sex discrimination in health care and health insurance. It provides a legal remedy to individual women who experience discrimination at the hands of health insurers, hospitals and other health care institutions, or other health programs and activities.

4. Expanding Medicaid eligibility

Medicaid, the national health insurance program for low-income people, plays a critical role in providing health coverage for women. Women comprise about three-quarters of the program's non-elderly adult beneficiaries, more than one in ten women receives coverage through Medicaid, Kaiser Family Foundation, *Women's Health Insurance Coverage* 1 (2011), http://www.kff.org/womenshealth/upload/6000-091.pdf, including 21 percent of black Women and 16 percent of Hispanic women, National Women's Law Center analysis of 2010 health insurance data from the U.S. Census Bureau Current Population Survey's (CPS) *2011 Annual Social and Economic (ASEC) Supplements*, *available at*

http://www.census.gov/hhes/www/cpstc/cps_table_creator.html.

Nevertheless, even women living in extreme poverty are currently unlikely to qualify for Medicaid unless they are also pregnant, parenting, or disabled. *Id.* Under the ACA, Medicaid will cover up to an additional 8.4 million women by 2014, because eligibility will be expanded to those earning up to 133 percent of the poverty level, or roughly $30,000 a year for a family of four. Sarah Collins *et al.*, *Realizing Health Reform's Potential: Women and the Affordable Care Act of 2010* 9 (Commonwealth Fund, pub. 1429, vol. 93, 2010), http://www.commonwealthfund.org/~/media/Files/Publications/Issue%20Brief/2010/Jul/1429_Collins_Women_ACA_brief.pdf. *See also* H.R. Rep. 111-388, at 91 (2009) ("Medicaid expansions will disproportionately benefit women, who are more likely to be poor").

5. Supporting nursing mothers

Breastfeeding provides important health benefits to both mother and child, including reduced risks of type 2 diabetes, breast cancer, ovarian cancer and postpartum depression for mothers, and of ear infections, diarrhea, lower respiratory infections, asthma, diabetes, obesity, childhood leukemia, and other conditions in children. Stanley Ip *et al.*, *Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries* (U.S. Dep't of Health and Human Servs., Agency for Healthcare Research and Quality Evidence Report/Technology Assessment No. 153, 2007),

http://www.ahrq.gov/downloads/pub/evidence/pdf/brfout/brfout.pdf. The ACA seeks to make these benefits more widely available by making it easier for working mothers to continue to breastfeed. Under the ACA, employers with more than 50 employees must provide employees break times and a private location other than a bathroom for expressing breast milk. 29 U.S.C. § 207(r)(1). In addition, insurers must cover lactation support and counseling, and rental of lactation equipment, such as hospital-grade breast pumps, without cost to the individual. 29 C.F.R. § 2590.715–2713(a)(1)(iv) (2012); Health Resources and Services Administration, Women's Preventive Services: Required Health Plan Guidelines (August 2011), http://www.hrsa.gov/womensguidelines/

6. Providing Pap tests, mammograms, and family planning without copayments

Women need more preventive care on average than men, but are more likely than men to forgo essential preventive services, such as cancer screenings, because of their cost. *See, e.g.*, H.R. Rep. 111-388 at 79-81 (2009); Steven Asch *et al.*, *Who Is at Greatest Risk for Receiving Poor-Quality Health Care?*, 354 New Eng. J. Med. 1147, 1151 (2006). In 2007, more than half of women reported difficulty in obtaining needed medical services because of the cost of such basic care. Rustgi, *supra,* at 3. The ACA requires that new plans cover recommended preventive services and screenings at no cost to the individual. 42 U.S.C. § 300gg-13; *see also* 29 C.F.R. § 2590.715–2713(a)(1)(iv) (2012); Health Resources and Services Administration, Women's Preventive

Services: Required Health Plan Guidelines (August 2011), http://www.hrsa.gov/womensguidelines/. Many women who otherwise would not be able to get basic screening like Pap tests and mammograms have access to this potentially life-saving medical care as a consequence of the new law. *See* H.R. Rep. 111-299(III) at 104 (2009) (describing intent to require basic benefits package "include the full range of medical services for women's unique health needs, at all stages of life, including . . . preventive screenings such as mammograms, annual gynecological exams, diagnostic, routine care, and recommended treatments."); 155 Cong. Rec. S11987 (daily ed. Nov. 30, 2009) (statement of Sen. Mikulski) (explaining need to remove barriers to preventive care for women); 155 Cong. Rec. S12025-S12030 (daily ed. Dec. 1, 2009) (same). As a result of the ACA, women will also have access to prescription contraceptives and family planning services without cost, as well as other important preventive care. *See, e.g.*, 155 Cong. Rec. S12027 (daily ed. Dec. 1, 2009) (statement of Sen. Gillibrand) ("With Senator Mikulski's amendment, even more preventive screening will be covered, including for post-partum depression, domestic violence, and family planning.") 155 Cong. Rec. S12274 (daily ed. Dec. 2, 2009) (statement of Sen. Murray) ("Women will have improved access to well-women visits—important for all women; family planning services; mammograms . . . to make sure they maintain their health.").

7. Making private health insurance more affordable

Under the ACA, beginning in 2014, subsidies will be available to help an additional 11 million low- and middle-income women pay for health insurance in the individual market and out-of-pocket health care costs. Because women are poorer on average than men, are more likely to hold low-wage or part-time jobs that do not offer employer-sponsored health benefits, and struggle more with medical debt, *see* H.R. Rep. 111-388, at 68-86 (2009); Elizabeth M. Patchias & Judy Waxman, *Issue Brief: Women and Health Coverage: The Affordability Gap* 5 (Commonwealth Fund, pub. 1020, vol. 25, 2007), http://www.nwlc.org/sites/default/files/pdfs/Section%204%20Making%20Health%20Care%20Affordable.pdf, these reforms are essential for addressing continuing gender health disparities and insurance coverage disparities in the United States.

II. AS LEGISLATION INTENDED TO PROMOTE WOMEN'S HEALTH AND END GENDER DISCRIMINATION, THE ACA FOLLOWS IN A LONG TRADITION OF CIVIL RIGHTS LAWS FIRMLY WITHIN CONGRESS'S COMMERCE CLAUSE POWER.

Given the ACA's purposes and importance for removing obstacles to women's equal treatment in the insurance market and making health care available to women, it is appropriately understood as

following in the tradition of our nation's civil rights laws, protecting the right to fair treatment and equal access to services fulfilling basic needs.

Throughout the congressional debate over the ACA, the law's significant impact on women was of paramount concern. The Congressional Record is rich with statements recognizing that "[h]ealth care reform here will provide women the care that they need; the economic security they need; prohibit plans from charging women more than men; ban the insurance practice of rejecting women with a preexisting condition; and include maternity services." 156 Cong. Rec. H1637 (daily ed. March 18, 2010) (statement of Rep. Moore).[5]

As Congresswoman Jackie Speier explained in casting her vote for the Act:

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[5]*See also, e.g.*, 155 Cong. Rec. H12368 (daily ed. Nov. 5, 2009) (statement of Rep. Hirono) ("Fifty-two percent of women reported postponing or foregoing medical care because of cost. Only 39 percent of men report having had those experiences. Nine States allow private plans to refuse coverage for domestic violence survivors. Eighty-eight percent of private insurance plans do not cover comprehensive maternity care."); S. Res. 6, 111th Cong. (2009) (enacted) (women pay 68 percent more than men for out-of-pocket medical costs; 13 percent of all pregnant women are uninsured, making them less likely to seek prenatal care in the first trimester, less likely to receive the optimal number of prenatal health care visits, and 31 percent more likely to experience an adverse health outcome after giving birth; heart disease is leading cause of death for women and men, but women are less likely to receive lifestyle counseling, diagnostic and therapeutic procedures, and cardiac rehabilitation and are more likely to die or have a second heart attack).

> The fact is that women's health care premiums cost, on average, more than 145 percent of the price of a similar man's policy. Even then, women are more likely to be denied coverage for a pre-existing condition, including for things as common as getting pregnant (or the inability to get pregnant), having a C-section, even being a survivor of domestic violence. With the passage of this health care reform bill, these practices will be tossed on the ash-heap of history atop corsets, chastity belts, and other limitations on women's rights and equality. In fact, with this bill, America's mothers, wives and sisters will finally enjoy the same health care coverage that their fathers, sons and brothers have.

155 Cong. Rec. H12623-03 (daily ed. Nov. 7, 2009).

Because of this focus and impact, the ACA should be recognized as falling within the category of federal antidiscrimination legislation removing barriers to full economic participation by disadvantaged groups. The Commerce Clause has been consistently understood to provide the congressional authority to address the impact on interstate commerce that arises from these discriminatory exclusions and simultaneously to forward goals of equality and inclusion.

In enacting a broad range of federal civil rights laws over the past 50 years, Congress has determined that the problem of discrimination

against and exclusion of disfavored groups is one that cannot be left to local solutions, given its national scope and impact. Like civil rights laws such as the Civil Rights Act of 1964, the Equal Pay Act, and the Family and Medical Leave Act, the ACA recognizes that inequality and sex discrimination have a significant economic impact and that addressing these economic consequences requires confronting inequality and discrimination. Thus, by regulating commerce in health insurance and health care, the ACA also takes an important step to ensuring equality of access to health care—forwarding fundamental civil rights principles of equal treatment and equal opportunity.[6] The ACA's focus on addressing the economic harm of discrimination places it squarely within Congress's Commerce Clause power.

In the landmark cases upholding the constitutionality of the Civil Rights Act of 1964, *Heart of Atlanta* and *Katzenbach v. McClung*, the Supreme Court acknowledged "the overwhelming

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[6] *See generally, e.g.*, *United States v. Virginia*, 518 U.S. 515, 532 (1996) (noting fundamental principle that is violated when "women, simply because they are women" are denied the "equal opportunity to aspire, achieve, participate in and contribute to society based on their individual talents and capacities"); *Roberts v. U.S. Jaycees*, 468 U.S. 609, 626 (1984) (noting "the changing nature of the American economy and the importance, both to the individual and to society, of removing the barriers to economic advancement and political and social integration that have historically plagued certain disadvantaged groups, including women"); *see also Newport News Shipbuilding Co. v. EEOC*, 462 U.S. 669, 676 (1983) (denying pregnancy coverage to female health insurance beneficiaries discriminates on the basis of sex).

evidence of the disruptive effect that racial discrimination has had on commercial intercourse." *Heart of Atlanta*, 379 U.S. at 257; *see also Katzenbach*, 379 U.S. at 303-304. The far-reaching gender inequities that have pervaded the market for health insurance and health care have been similarly disruptive to interstate commerce, as Congress has recognized.

Specifically, women who have been unable to obtain adequate insurance coverage because of preexisting condition exclusions, gender rating, denial of maternity coverage, or cost barriers have faced obstacles to securing access to needed health care goods and services, including those moving in interstate commerce. *See, e.g.*, H.R. Rep. 111-388 at 78 (2009) (68 percent of underinsured women, compared to 49 percent of underinsured men, have difficulty obtaining needed health care); Bernstein, *supra* (describing uninsured pregnant women's lower likelihood of obtaining prenatal care); Egerter, *supra* (same); Asch, *supra*, at 1147-56 (describing women's greater propensity to forego preventative care because of cost). When women cannot purchase insurance, or when the insurance available does not cover basic costs such as maternity expenses or imposes high out-of-pocket costs for preventive care, their health care expenses will be significant, thus restricting their ability to purchase other goods and services in interstate commerce. *See, e.g.*, H.R. Rep 111-299(III) at 92 ("Discrimination based on health, gender and other factors has severe economic consequences for those have been unable to find affordable health coverage and for those who have coverage, but are under-insured."); H.R. Rep. 111-388

at 84 (37 percent of women, compared to 29 percent of men, report problems paying medical bills); *id.* at 70 (over half of medical bankruptcies impact a woman); Elizabeth Warren *et al.*, *Medical Problems and Bankruptcy Filings*, Norton's Bankruptcy Adviser, 10 (May 2000), http://papers.ssrn.com/sol3/papers.cfm?abstract_id=224581 (noting that "the number of women filing alone who identify a medical reason for their bankruptcies is nearly double that of men filing alone"). Finally, when uninsured or underinsured women are unable to pay for the health care they require, those costs are passed onto third parties through increased health care and health insurance costs, including increased costs for goods and services moving in interstate commerce. *See generally* 42 U.S.C. § 18091(a)(2)(F) (finding that the American public has paid tens of millions of dollars to cover the costs of health care for uninsured Americans).

Because of the economic impact of discrimination and the need for national solutions to the problems it poses, in cases upholding a range of federal civil rights legislation, courts have recognized that, far from being an impediment to the exercise of Commerce Clause authority, "civil rights … are traditionally of federal concern." *United States v. Allen*, 341 F.3d 870, 881 (9th Cir. 2003) (upholding federal hate crimes legislation under Commerce Clause). So, for example, in *Groome Res. Ltd. v. Parish of Jefferson*, 234 F.3d 192 (5th Cir. 2000), the Fifth Circuit, upholding the Fair Housing Amendments Act (FHAA), "emphasize[d] that in the context of the strong tradition of civil rights enforced through the Commerce Clause . . . we have long

recognized the broadly defined 'economic' aspect of discrimination."

Recognizing the significant federal responsibility for addressing persistent discrimination and inequality, this Court and many lower courts have upheld a wide range of federal civil rights laws as appropriately enacted under the Commerce Clause. *See, e.g.*, *EEOC v. Wyoming*, 460 U.S. 226, 234, 243 (1982) (finding the Age Discrimination in Employment Act an appropriate exercise of Congress's Commerce Clause authority); *Heart of Atlanta Motel, Inc. v. United States*, 379 U.S. 241, 242 (1964) (Title II); *Katzenbach v. McClung*, 379 U.S. 294, 295 (1964) (same); *Terry v. Reno*, 101 F.3d 1412, 1413 (D.C. Cir. 1996) (Freedom of Access to Clinic Entrances Act); *United States v. Miss. Dep't of Pub. Safety*, 321 F.3d 495, 500 (5th Cir. 2003) (Americans with Disabilities Act); *United States v. Gregg*, 226 F.3d 253, 262 (3d Cir. 2000) (Freedom of Access to Clinic Entrances Act); *United States v. Dinwiddie*, 76 F.3d 913, 921 (8th Cir. 1996) (same); *United States v. Soderna*, 82 F.3d 1370, 1374 (7th Cir. 1996) (same); *Cheffer v. Reno*, 55 F.3d 1517, 1520-21 (11th Cir. 1995) (same); *Oxford House-C v. City of St. Louis*, 77 F.3d 249, 251 (8th Cir. 1996) (FHAAA); *Morgan v. Sec'y of Hous.& Urban Dev.*, 985 F.2d 1451, 1455 (10th Cir. 1993) (same); *Seniors Civil Liberties Ass'n v. Kemp*, 965 F.2d 1030, 1034 (11th Cir. 1992) (same).

The ACA, like these other statutes, is an appropriate exercise of federal Commerce Clause authority. It is unquestionably a law that regulates commerce—the health insurance and health care

markets make up 17.5 percent of our nation's gross domestic product. In particular, the ACA corrects fundamental gender inequities in the health insurance and health care markets and bars discrimination against women in multiple forms, thus alleviating the severe economic consequences of such inequities and discrimination. In taking this legislative action, Congress was continuing "the strong tradition of civil rights enforced through the Commerce Clause." *Groome*, 234 F.3d at 209.

III. AS A REASONABLE COMPONENT OF A COMPREHENSIVE PLAN RESPONDING TO A NATIONAL CRISIS IN THE HEALTH INSURANCE MARKET AND TO WOMEN'S COVERAGE NEEDS, THE INDIVIDUAL RESPONSIBILITY PROVISION FALLS WELL WITHIN COMMERCE CLAUSE AUTHORITY

Through the ACA, Congress adopted a comprehensive regulatory plan designed to address a national economic crisis in health care, with a particular focus on the disadvantage and discrimination that women and others have faced in the insurance market. Addressing this crisis is well within Congress's power, given the settled authority that the Commerce Clause permits regulation of both the insurance industry and health care services. *See, e.g.*, *United States v. South-Eastern Underwriters' Ass'n*, 322 U.S. 533, 539 (1944).

The Eleventh Circuit's conclusion that the individual responsibility provision is beyond

Congress's Commerce Clause authority was wrong. On numerous previous occasions, exercising its Commerce Clause power in efforts to address behavior with broad consequences for the national economy and remove barriers to full economic participation by women and other disadvantaged groups, Congress has required individuals to engage in private commercial activity in instances where those individuals preferred to remain "inactive." For example, Title II of the Civil Rights Act of 1964 required hotel and restaurant owners to serve customers they did not want to serve and thus engage in commercial activities that they wished to avoid. *See* 42 U.S.C. §§ 2000a -2000a-6. As Judge Silberman, writing for the D.C. Circuit, recently recognized in upholding the constitutionality of the individual responsibility provision, the obligation to obtain minimum coverage is no more and no less an encroachment on individual liberty "than a command that restaurants or hotels are obliged to serve all customers regardless of race." *Seven-Sky v. Holder*, 661 F.3d 1, 20 (D.C. Cir. 2011). In upholding that law, this Court rejected the argument that a local motel owner should be able to deny service to African-American customers because that local decision was unrelated to interstate commerce. *Heart of Atlanta Motel v. United States*, 379 U.S. 241, 258 (1964).

The same analysis underlies Congress's power to prohibit employers from refusing to employ an individual on the basis of her sex or race, thus requiring employers to enter into unwanted economic relationships in certain circumstances. *See, e.g.*, *U.S. v. Gregory*, 818 F.2d 1114, 1119 (4th Cir. 1987)

(noting that Title VII was enacted under the Commerce Clause); *Nesbit v. Gears Unlimited, Inc.*, 347 F.3d 72, 81 (3d Cir. 2003) (same). Similarly, the Fair Housing Act, 42 U.S.C. §§ 3601-3614(a), passed pursuant to Congress's Commerce Clause power, prohibits refusing to rent or sell housing to an individual on the basis of her sex, familial status, race, or disability, and thus compels owners of real estate to engage in commercial activities they would otherwise have avoided. *See, e.g.*, *Groome*, 234 F.3dat 209. As the D.C. Circuit explained, "The right to be free from federal regulation is not absolute, and yields to the imperative that Congress be free to forge national solutions to national problems, no matter how local—or seemingly passive—their individual origins." *Seven-Sky*, 661 F.3d at 20 (citing *Heart of Atlanta Motel*, 379 U.S. at 258-59).

Congress realized in passing these laws and others like them, from the Equal Credit Opportunity Act to the Family and Medical Leave Act, that a national crisis of discrimination could only be solved through legislation reaching individual refusals to transact. Similarly, Congress understood in 2010 that legislation addressing a national crisis in the health insurance market would only work with near-universal participation and thus must reach individual refusals. As Congress is regulating within an area of its authority—and the health insurance and health care markets are unquestionably areas of appropriate national authority—there is no prohibition against the federal government requiring individuals to participate in economic transactions they might otherwise avoid.

As multiple courts have now recognized, the choice to purchase health insurance or pay for health care some other way is commercial activity. "The activity of foregoing health insurance and attempting to cover the cost of health care needs by self-insuring is no less economic than the activity of purchasing an insurance plan." *Thomas More Law Ctr. v. Obama*, 651 F.3d 529, 544 (6th Cir. 2011); *see also id.* at 561 (Sutton, J., concurring) ("No one is inactive when deciding how to pay for health care, as self-insurance and private insurance are two forms of action for addressing the same risk."); *Mead v. Holder*, 766 F. Supp. 2d 16, 33 (D.D.C. 2011); *Liberty Univ. v. Geithner*, 753 F. Supp. 2d 611, 633 (W.D. Va. 2010) ("Far from 'inactivity,' by choosing to forgo insurance, Plaintiffs are making an economic decision to try to pay for health care services later, out of pocket, rather than now, through the purchase of insurance."). Just as a hotel's decision not to rent rooms to African-Americans is not a decision that removes the hotel from the market for lodging, but rather is a decision about when and how to engage in that market, the choice not to purchase health insurance is not a decision that avoids participation in the health care market, but is simply a decision about when and how to pay for the costs of health care.

Like decisions to discriminate, the cumulative impact of decisions to eschew health insurance has significant consequences for the larger health care market and other participants in it. *Cf. Katzenbach*, 379 U.S. at 299-301. In 2005 alone, 48 million uninsured Americans incurred $43 billion in medical costs that they could not pay, which were in turn

passed to the broader public. *See* 42 U.S.C. §§ 18091(a)(2). Refusing to obtain health insurance is an economic choice, with economic consequences, under even a limited definition of "commercial" or "economic," just as a decision to refuse to provide lodging to an individual because of her race is an economic choice, with economic consequences.[7] *See Katzenbach*, 379 U.S. at 303-4 ("[W]here we find that the legislators, in light of the facts and testimony before them, have a rational basis for finding a chosen regulatory scheme necessary to the protection of commerce, our investigation is at an end.").

Moreover, even if the decision to defer medical costs until after they are incurred, and the concurrent decision to shift the risk of inability to pay these costs to the broader market, were somehow construed not to be an economic activity, the individual responsibility provision would still be within congressional authority to enact as a "necessary and proper" part of a complex regulatory scheme. *See Gonzales v. Raich*, 545 U.S. 1, 22 (2005). Congress has the authority to use any "means that is rationally related to the implementation of a constitutionally enumerated power" that is not otherwise prohibited by the Constitution. *United States v. Comstock*, 130 S.Ct. 1949, 1956-57 (2010).

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[7]Given the direct economic impact of these decisions in the aggregate, they easily come within Congress's Commerce Clause power to regulate, in contrast to the far more attenuated and speculative link that would be presented were Congress to regulate, for example, personal nutritional decisions. *Cf. Gonzales v. Raich*, 545 U.S. 1, 36 (2005) (Scalia, J., concurring) (Commerce Clause does not reach noneconomic activity based on "remote chain of inferences" regarding impact on commerce).

This Court has repeatedly reaffirmed that "where a general regulatory statute bears a substantial relation to commerce, the *de minimis* character of individual instances arising under that statute is of no consequence." *United States v. Lopez*, 514 U.S. 549, 558 (1995). Supreme Court precedent thus "firmly establishes Congress' power to regulate purely local activities that are part of an economic "class of activities" that have a substantial effect on interstate commerce." *Raich*, 545 U.S. at 17 (*citing Perez v. United States,* 402 U.S. 146, 151 (1971) and *Wickard v. Filburn*, 317 U.S. 111 (1942)). Moreover, Congress can regulate entirely intrastate conduct "that is not itself 'commercial,' . . . if it concludes that failure to regulate that class of activity would undercut the regulation of the interstate market…" *Id.* at 18.

Congress certainly had a rational basis for its conclusion that the individual responsibility provision was necessary to effective implementation of important elements of the ACA, including Congress's purpose in addressing health insurer practices that excluded women from coverage. *See* 42 U.S.C. §§18091(a) (findings on need for individual responsibility provision). Uninsured individuals shift billions of dollars of costs onto third parties. Congressional Budget Office, *Key Issues in Analyzing Major Health Proposals* 114 (2008), *available at* http://www.cbo.gov/ftpdocs/99xx/doc9924/12-18-KeyIssues.pdf. The individual responsibility provision addresses this cost-shifting and forms a key part of the ACA's reforms. It is a reasonable provision permitting the ban on pre-existing condition exclusions, including insurers'

exclusion of women from insurance coverage because of pregnancy, past Caesarean-sections, cervical or breast cancer, or past domestic or sexual abuse.

CONCLUSION

As demonstrated by key civil rights precedent, including women's rights precedent, the ACA individual responsibility provision addresses the economic impact of insurance market failures and discrimination in a manner consistent with the Constitution. This Court should reverse the decision of the Eleventh Circuit Court of Appeals and uphold the provision as a valid exercise of Congress's Commerce Clause authority.

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APPENDIX

APPENDIX A

AMICI STATEMENTS OF INTEREST

9to5, National Association of Working Women

9to5, National Association of Working Women is a national membership-based organization of low-wage women working to achieve economic justice and end discrimination. 9to5's members and constituents are directly affected by lack of access to health care and health insurance, by discriminatory health insurance industry practices, and by the long-term negative effects of lack of access and discriminatory practices on their and their families' economic well-being. Our toll-free Job Survival Helpline fields thousands of phone calls annually from women facing these and related problems. The issues of this case are directly related to 9to5's work to end discrimination and our work to promote policies that aid women in their efforts to achieve economic security. The outcome of this case will directly affect our members' and constituents' access to health care and their long-term economic well-being and that of their families.

Alliance for Early Care & Education, Inc.

The Alliance for Early Care & Education, Inc. is a nonprofit organization dedicated to ensuring that all children benefit from an enriching early childhood experience. As such, we understand that it is impossible for children to learn and become self-reliant adults without a variety of supports, including access to comprehensive healthcare for themselves and their families. We feel that

healthcare is a fundamental human right which precedes the right of any corporation to generate a profit. Therefore, on behalf of our 1,378 members we urge you to uphold the constitutionality of the individual responsibility provision of the Affordable Care Act.

American Association of University Women (AAUW)

For 130 years, the American Association of University Women (AAUW), an organization of over 100,000 members and donors, has been a catalyst for the advancement of women and their transformations of American society. In more than 1000 branches across the country, AAUW members work to break through barriers for women and girls. AAUW plays a major role in mobilizing advocates nationwide on AAUW's priority issues, and chief among them is increased access to quality affordable health care. Therefore, AAUW supports efforts to ensure patient protection, equitable treatment of all consumers, coverage of preventive care, and other initiatives to improve the collective health of the American people.

American College of Nurse-Midwives

The American College of Nurse-Midwives (ACNM) is the national trade association representing the interests of over 11,000 Certified Nurse-Midwives (CNM®) and Certified Midwives (CM®) in the United States. ACNM is a non-profit organization whose mission is to promote the health and well-being of women and infants within their families and communities through the development and support of the profession of midwifery as practiced by CNMs

and CMs. The philosophy inherent in the profession affirms that every individual has the right to safe, satisfying health care with respect for human dignity and cultural variations. The Patient Protection and Affordable Care Act (ACA) instituted many far-reaching, necessary policy reforms including requiring coverage for pregnancy-related care, disallowing coverage denials for preexisting conditions, eliminating cost-sharing for women's health preventative services, recognition of free-standing birth centers, and the extension by 2014 of health insurance coverage to some 30 million Americans currently without coverage. ACNM believes the ACA should be upheld in its entirety.

Asian American Justice Center

The Asian American Justice Center (AAJC), member of the Asian American Center for Advancing Justice, is a national nonprofit, nonpartisan organization whose mission is to advance the civil and human rights of Asian Americans and to promote a fair and equitable society for all. Founded in 1991, AAJC engages in litigation, public policy, advocacy, and community education and outreach on a range of civil rights issues, including access to health care. AAJC's longstanding interest in health care matters that impact Asian Americans and others from underserved communities has resulted in the organization's participation in amicus briefs in both state and federal courts.

Asian Pacific American Legal Center

The Asian Pacific American Legal Center (APALC), a member of the Asian American Center for Advancing

Justice, is a nonprofit legal services and civil rights organization based in Southern California. APALC has worked on health issues for more than 14 years, including access for immigrants and limited English speakers to health and other government programs.

Black Women's Health Imperative

The Black Women's Health Imperative ("Imperative") is a non-profit advocacy organization with a 29 year history of dedication to promoting optimum health for Black women across the life span. Women have long faced great difficulty obtaining comprehensive, affordable health coverage due to harmful and discriminatory health insurance industry practices. The Imperative is profoundly concerned about the impact that the Court's decision may have on women's access to health insurance.

Campaign for Better Health Care

The Campaign for Better Health Care (Illinois) is a non-profit legal advocacy organization that that has been working since 1989 for affordable, accessible and quality health care for ALL. Far too long too tens of millions of residents of the United States have long faced great difficulty obtaining comprehensive, affordable health coverage due to harmful and discriminatory health insurance industry practices. CBHC and our 300+ members throughout the state of Illinois is profoundly concerned about the impact that the Court's decision may have on access to health insurance for tens of millions of Americans.

Center for Reproductive Rights

The Center for Reproductive Rights ("the Center") is a national, nonprofit, public interest law firm dedicated to the advancement of reproductive rights under the U.S. Constitution and as fundamental human rights, both in the United States and throughout the world. The Center's domestic and international programs engage in litigation, policy analysis, legal research, and public education seeking to achieve women's equality in society and ensure that all women have access to appropriate and freely chosen reproductive health services. The Center specializes in litigating reproductive rights cases throughout the United States and is currently lead or co-counsel in a majority of the reproductive rights litigation in the nation. The Center actively supports efforts to expand insurance coverage of the full range of reproductive health services throughout the United States.

Central Conference of American Rabbis

The Central Conference of American Rabbis (CCAR), whose membership includes more than 1,800 Reform rabbis, comes to this issue rooted in two central ideas that underlie the abiding Jewish commitment to provide health care to all of God's children: The first is Judaism's teaching that an individual human life is of infinite value and that the preservation of life supersedes almost all other considerations. The second is the belief that God has endowed us with the understanding and ability to become partners with God in making a better world. For these reasons, we believe that when members of a society at large are ill, our responsibility — not only of the

medical profession but of all of us — expands to ensure that medical resources are available at an affordable cost to those who need them.

Chicago Abortion Fund

The Chicago Abortion Fund (CAF) is an abortion fund in the Midwest that is working from a reproductive justice framework has worked for 26 years to provide the most marginalized and disadvantaged women with financial assistance for their second trimester abortion procedures. Through a two prong process we directly fund procedures then engage those same women in grassroots advocacy and mobilization. CAF believes that without access there is no choice.

Childbirth Connection

Childbirth Connection is a 94-year-old national not-for-profit organization that works to improve the quality and value of maternity care through consumer engagement and health system transformation. Women's access to comprehensive, affordable health coverage is essential in helping to ensure optimal birth outcomes for both women and newborns. Discriminatory practices by health insurers have created barriers to affordable, accessible maternity care for far too many childbearing women. Childbirth Connection is deeply concerned about the impact that the Court's decision may have on women's access to health insurance and birth outcomes.

Coalition of Labor Union Women

The Coalition of Labor Union Women (CLUW) is America's only national membership organization for all union women based in Washington, DC with chapters throughout the country. Founded in 1974 its focus is to empower women in the workplace, advance women in their unions, encourage political and legislative involvement, organize women workers into unions and promote policies that support women and working families. CLUW focuses on public policy issues such as equality in employment and educational opportunities, affirmative action, pay equity, national health care, labor law reform, family and medical leave, reproductive freedom, and increased participation of women in unions and in politics. Through its 45 chapters throughout the United States, CLUW members work to end discriminatory laws and policies and practices adversely affecting women through a broad range of educational, political and advocacy activities. Promoting quality, affordable health care for women and families has long been a priority of the Coalition of Labor Union Women. We support the National Women Law Center's amicus brief to uphold the Affordable Care Act.

Community Action Project of Tulsa County

Community Action Project of Tulsa County, Inc. ("CAPTC") is a non-profit anti-poverty organization that that has been working since 1997 to help young children from low-income families grow up to be able to achieve economic success as adults. These children and families face significant health risks merely by living in Oklahoma, which ranks 48th

among states in health outcomes. Many of the families CAPTC serves lack comprehensive, affordable health coverage; the Affordable Care Act finally offers an opportunity for these families to access health insurance. CAPTC is profoundly concerned about the impact that the Court's decision may have on low-income families' access to health insurance.

Connecticut Women's Education and Legal Fund

The Connecticut Women's Education and Legal Fund (CWEALF) is a non-profit women's rights organization dedicated to empowering women, girls and their families to achieve equal opportunities in their personal and professional lives. CWEALF defends the rights of individuals in the courts, educational institutions, workplaces and in their private lives. Since its founding in 1973, CWEALF has provided legal education and advocacy and conducted research and public policy work to advance women's rights.

Feminist Majority Foundation

The Feminist Majority Foundation, a 501(c)(3) non-profit organization founded in 1987, is dedicated to the pursuit of women's equality, utilizing research and action to empower women economically, socially, and politically. FMF advocates for full enforcement of laws ending discrimination and advancing equality for women, including the Affordable Care Act, which ends discrimination in health insurance rates, reduces barriers to coverage, and expands the number of U. S. women who will be able to obtain health care.

Florida CHAIN

Florida CHAIN is a statewide consumer healthcare advocacy organization whose mission is to improve the health of all Floridians by promoting sustainable access to affordable, effective health care. A non-profit, 501 c3 organization, Florida CHAIN represents the uninsured and low-income healthcare consumers both directly and indirectly through its activities. Its function is to create an infrastructure that meets the need for coordination and organizing among community based health and human service providers, healthcare consumers and advocates. This infrastructure facilitates and provides for education, communication, policy analysis and advocacy. Priorities of Florida CHAIN include ensuring that Medicaid beneficiaries are protected against budget cuts and barriers to access, access is expanded to children and coverage is expanded for Florida's estimated 4.1 million uninsured.

Gender Impacts Policy

Gender Impacts Policy is a project of the Center of Southwest Culture, a non-profit economic development and education organization founded in 1991. Sex/gender, socio-economic status and education have long been social determinants of women's health, and women face great difficulty obtaining comprehensive, affordable health coverage due to harmful and discriminatory health insurance industry practices. Gender Impacts Policy is concerned with the impact that the Court's decision may have on women's access to health insurance.

Guttmacher Institute

The Guttmacher Institute is a non-profit nonpartisan organization committed to advancing sexual and reproductive health and rights through an interrelated program of research, policy analysis and public education designed to generate new ideas, encourage enlightened public debate and promote sound policy and program development. The Institute's overarching goal is to ensure the highest standard of sexual and reproductive health for all people. Given the critical importance of health insurance towards advancing this goal, the Institute is profoundly concerned about the implications of the Court's decision for access to coverage.

Hadassah, The Women's Zionist Organization of America, Inc.

Hadassah, The Women's Zionist Organization of America, Inc., founded in 1912, is the largest women's and the largest Jewish membership organization in the United States, with over 300,000 Members, Associates and supporters. While traditionally known for its role in initiating and supporting pace-setting health care and other initiatives in Israel, Hadassah also has had a longstanding commitment to strengthening the health care system in the United States, particularly with regard to the health care needs of women and children. Consistent with that commitment, Hadassah believes that all Americans should have access to affordable, quality health care. The Affordable Health Care Act represents a significant step towards achieving that goal.

Health Care for America Now (HCAN)

Health Care for America Now (HCAN) is a non-profit grassroots health care coalition that was created to win, implement and defend health care reform. Health insurance companies have long discriminated against women and the sick by denying coverage based on health status and pre-existing conditions. HCAN is deeply concerned about the impact of the Court's decision on women and other people that have been denied access to basic health care.

Ibis Reproductive Health

Ibis Reproductive Health is a nonprofit research and advocacy organization that aims to improve women's reproductive autonomy, choices, and health worldwide. Ibis has a portfolio of work on the impact of Massachusetts health care reform on women's access to reproductive health services, which has shown that low-income women and young women have largely benefitted from reform in the Commonwealth. The Affordable Care Act is a huge step forward to improve women's access to health care in the United States, and Ibis supports the arguments made by the National Women's Law Center in this brief.

Institute for Science and Human Values

The Institute for Science and Human Values (ISHV) is a non-profit educational organization committed to the enhancement of human values and scientific inquiry. It focuses on the principles of personal integrity: individual freedom and responsibility. It includes a commitment to social justice, planetary ethics, and developing shared values for the human

family. Women have continually faced great barriers to accessing comprehensive, affordable health coverage due to harmful and discriminatory health insurance industry practices. ISHV is deeply worried about the powerful effect that the Court's decision may have on women's right to and access to health insurance.

Legal Voice

Legal Voice is a regional non-profit public interest organization that works to advance the legal rights of all women in the Northwest (including Washington, Idaho, Alaska, Montana, and Oregon) through litigation, legislation, education and the provision of legal information and referral services. Since its founding in 1978, Legal Voice has been involved in both litigation and legislation to ensure women's equitable access to health care and non-discrimination in provision of health care services. Toward that end, Legal Voice has participated as counsel and as amicus curiae in cases throughout the Northwest and the country when women's health is at stake. Legal Voice has a strong interest in this case to secure comprehensive, affordable health care coverage for all women.

Maryland Women's Coalition for Health Care Reform

The Maryland Women's Coalition for Health Care Reform supports the Amicus Brief submitted by the National Women's Law Center. As a statewide coalition that includes 58 women's organizations, including all of the state's County Commissions for Women and hundreds of individuals, we are committed to ensuring that every Marylander has

access to all of the health care services they need and deserve. We fully support the provisions of the ACA that support this goal. In light of that we endorse the arguments made in this Brief.

Maternity Care Coalition

Maternity Care Coalition is a non-profit in Pennsylvania that serves over 5,000 families directly through our MOMobile, Early Head Start, and Cribs for Kids programs. We work to ensure that all families have access to quality prenatal, postpartum, and well-baby care. From these experiences and from our consistent monitoring of access to insurance for low-income women, we have experienced firsthand the harmful effects of discriminatory practices such as gender rating that prevent women from obtaining the quality, affordable health care they need. We are profoundly concerned about the impact of the Court's decision on access to health care for both mothers and babies.

Montana Women Vote

Montana Women Vote (MWV) is a statewide non-profit organization that works to register and engage low-income Montana women in the democratic process. MWV also works year-round on policy issues that affect women and families in Montana. While Montana has historically protected women from discrimination because of our long-standing state non-gender insurance laws, many women still lack access to affordable comprehensive health care and are edged out of the health insurance market because of industry practices. Access to health insurance for women and the scope of coverage would

be greatly improved under the Patient Protection and Affordable Care Act and that expanded coverage is potentially impacted by the Court's decision.

NARAL Pro-Choice America

NARAL Pro-Choice America is a non-profit organization dedicated to developing and sustaining a constituency that uses the political process to guarantee every woman the right to make personal decisions regarding the full range of reproductive choices, including preventing unintended pregnancy, bearing healthy children, and choosing legal abortion. The Affordable Care Act presents an historic opportunity to advance America's health-care system and promises to improve greatly women's access to reproductive-health services. NARAL Pro-Choice America is concerned about the impact that the Court's decision may have on women's access to affordable insurance coverage, particularly to coverage of reproductive- and preventive-health services.

National Advocates for Pregnant Women

National Advocates for Pregnant Women ("NAPW") is a non-profit organization that works to ensure the human rights, health, and dignity of all pregnant and parenting women, especially the most vulnerable including low income and women of color. NAPW advocates for reproductive justice, including the right to an abortion, the right to decide whether, when, and how to carry a pregnancy to term, access to culturally-appropriate and evidence-based medical care, and the right to parent the children one bears without unnecessary state intrusion and family

disruption. NAPW joins this case as amicus to explain to the court the importance of affordable healthcare in assuring the best health outcomes for women, the infants they give birth to, and the children they care for.

National Asian Pacific American Women's Forum

The National Asian Pacific American Women's Forum (NAPAWF) is the only national, multi-issue Asian and Pacific Islander (API) women's organization in the country. NAPAWF's mission is to build a movement to advance social justice and human rights, which includes access to quality, affordable, culturally competent, and comprehensive health care, for API women and girls. NAPAWF supports the Affordable Care Act for the advances it has provided on behalf of underserved API and immigrant women and urges the Supreme Court to uphold this important law.

National Association of Nurse Practitioners in Women's Health

The National Association of Nurse Practitioners in Women's Health (NPWH) was founded in 1980 as a non-profit nurse practitioner organization. Our mission is to assure the provision of quality healthcare to women of all ages, that they have access to nurse practitioners as their healthcare providers and that they have affordable healthcare which includes a wide range of coverage from clinical to pharmaceutical to devices, with a goal of improving health outcomes. NPWH is also very concerned about the impact the Court's decision

could have on women's access to healthcare insurance.

National Association of Social Workers

Established in 1955, the National Association of Social Workers (NASW) is the largest association of professional social workers in the world with nearly 145,000 members and 56 chapters throughout the United States and internationally. With the purpose of developing and disseminating standards of social work practice while strengthening and unifying the social work profession as a whole, NASW provides continuing education, enforces the NASW Code of Ethics, conducts research, publishes books and studies, promulgates professional criteria, and develops policy statements on issues of importance to the social work profession. NASW's statement, Health Care Policy, supports "efforts to increase health care coverage to uninsured and underinsured people until universal health and mental health coverage is achieved" and "efforts to eliminate racial, ethnic, and economic disparities in health service access, provision, utilization, and outcomes." (NASW, SOCIAL WORK SPEAKS, 167, 169, 8th ed., 2009). NASW recognizes that discrimination and prejudice directed against any group are not only damaging to the social, emotional, and economic well-being of the affected group's members, but also to society in general. NASW has long been committed to working toward the elimination of all forms of discrimination against women. The NASW Code of Ethics directs social workers to "engage in social and political action that seeks to ensure that all people have equal access to the resources,

employment, services, and opportunities they require to meet their basic human needs and to develop fully." NASW's policies support "access to adequate health and mental health services regardless of financial status, race and ethnicity, age, or employment status, which would require universal health care coverage…" NATIONAL ASSOCIATION OF SOCIAL WORKERS, Women's Issues, SOCIAL WORK SPEAKS, 367, 371 (8th ed., 2009). Accordingly, given NASW's policies and the work of its members, NASW has expertise that will assist the Court in reaching a proper resolution of the questions presented in this case.

National Coalition for LGBT Health

The National Coalition for LGBT Health ("the Coalition") is a nationwide coalition of more than 75 organizations committed to improving the health and well-being of the lesbian, gay, bisexual, and transgender (LGBT) community through federal health policy advocacy. Because LGBT people and their families are regularly discriminated against in employment, relationship recognition, and insurance coverage, the LGBT population faces significant disparities in health status and insurance coverage. The Affordable Care Act is a key component of health system reform that seeks to eliminate these disparities, and the Coalition is deeply concerned about the negative effect that the Court's decision may have on the health and well-being of millions of women, including lesbians, bisexual women and their families.

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's Resolutions state that the organization endorses and resolves to work to for "quality, comprehensive, confidential, nondiscriminatory health-care coverage and services, including metal health, that are affordable and accessible for all." Consistent with our Resolutions, NCJW joins this brief.

National Council of Women's Organizations

The National Council of Women's Organizations is a non-profit, non-partisan coalition of more than 240 prominent women's groups that advocates for the 12 million women they represent. While these groups are diverse and their membership varied, all work for equal participation in the economic, social, and political life of their country and their world. The Council addresses critical issues that impact women and their families: from workplace and economic equity to international development; from affirmative action and Social Security to the women's vote; from the portrayal of women in the media to enhancing girls' self-image; and from Title IX and other education rights to affordable access to health care.

National Family Planning & Reproductive Health Association

The National Family Planning & Reproductive Health Association (NFPRHA) represents the broad spectrum of family planning administrators and clinicians serving the nation's low-income and uninsured. NFPRHA's more than 400 institutional members operate or fund a network of more than 3,700 health centers and service sites in 48 states and the District of Columbia, providing family planning and other preventive health services to millions of low-income and uninsured individuals each year.

National Gay and Lesbian Task Force Action Fund

The National Gay and Lesbian Task Force ("The Task Force") is the oldest national organization advocating for the rights of lesbian, gay, bisexual and transgender people, particularly economical disadvantaged individuals and families. Research suggests that lesbians and bisexual women have higher rates of obesity, smoking, and stress, thereby increasing their risk of developing certain chronic diseases. As a longtime supporter of women's health and reproductive freedom, The Task Force is concerned about the impact the Court's decision may have on women's access to health insurance.

National Health Care for the Homeless Council

The National Health Care for the Homeless Council (NHCHC) is a non-profit membership organization representing Health Care for the Homeless (HCH) projects, their staff, and the patients they serve. HCH projects provide primary medical care,

behavioral health services, and other support services to individuals and families experiencing homelessness, 70% of whom are uninsured. For over 25 years, HCH projects have seen first-hand the inequities in access to health care services, health outcomes, and quality of life caused by a lack of health insurance. The Patient Protection and Affordable Care Act seeks to remedy some of these inequities by expanding health coverage. NHCHC is very concerned that the Court's decision will undermine the efforts to improve health and well-being for those experiencing homelessness and retain the current inequities in our health care system.

National Latina Institute for Reproductive Health

National Latina Institute for Reproductive Health (NLIRH) is the only national non-profit organization working to promote reproductive health and justice for a growing and diverse population of Latinas. The communities we represent face numerous barriers in accessing necessary healthcare: cost, language access, cultural competency, discrimination, and immigration status have all perpetuated health disparities between Latinas and the population at-large. Because the Affordable Care Act stands to improve access to care and coverage for many Latinas, especially those who are U.S. citizens, NLIRH is deeply concerned about the potential impact of the Court's decision.

National Organization for Women Foundation

The National Organization for Women Foundation is a 501(c)(3) organization devoted to furthering women's rights through education and litigation.

Created in 1986, NOW Foundation is affiliated with the National Organization for Women, the largest grassroots feminist organization in the United States, with hundreds of thousands of contributing members in hundreds of chapters in all 50 states and the District of Columbia. Since its inception, one of NOW Foundation's goals has been to improve access for all women to quality health care which is affordable and free of sex-based discrimination.

National Partnership for Women & Families

The National Partnership for Women & Families is a nonprofit, nonpartisan organization that uses public education and advocacy to promote equal rights and quality health care for all. Founded in 1971 as the Women's Legal Defense Fund, the National Partnership advocated for the critical reforms established by the Patient Protection and Affordable Care Act, which address discriminatory practices in the insurance industry and stand to make affordable, quality health care a reality for women and their families.

North Dakota Women's Network (NDWN)

The North Dakota Women's Network (NDWN) is a statewide women's advocacy organization whose mission is to improve the lives of women through communication, legislation and increased public activism. Because the health and well-being of women and girls is vital to improving women's lives, access to comprehensive and affordable health insurance is an imperative.

Northwest Health Law Advocates

Northwest Health Law Advocates ("NoHLA") is a non-profit legal and policy advocacy organization founded in 1999 to promote increased access to health care on behalf of low- and moderate-income Washington State residents. NoHLA represents low-income clients in cases seeking improved access to health care, provides training and consultation to many community-based legal assistance organizations and private attorneys, and provides advocacy to improve health care access in public forums such as rulemaking comments and legislative analysis. As a small organization, NoHLA often works with other groups to achieve common objectives to improve affordability and access to care for low-income individuals.

Older Women's League (OWL)

OWL is a national grassroots membership organization that focuses solely on improving the status and quality of life for midlife and older women. For the past thirty years, OWL has worked toward the goal of comprehensive, accessible healthcare that is publicly administered and financed. OWL has consistently advocated for a single-payer health care system. As the momentum for health care reform legislation gathered speed, OWL worked with a diverse set of organizations to foster change that addressed persistent problems including millions of Americans without insurance, ever-rising costs, lack of affordable long-term care coverage and inequities in the health insurance industry. OWL took a strong leadership position on gender and age rating of health insurance premiums

and moved the dialogue forward on this topic despite strong opposition. As a result, the Patient Protection and Affordable Care Act (PPACA) essentially eliminated gender rating, and insurers are restricted to a 3 to 1 age ratio (rather than a 5 to 1 ratio). Maintaining these important provisions in the PPACA are key to the quality of life for midlife and older women and compels OWL to support this brief.

People For the American Way Foundation

People For the American Way Foundation (PFAWF) is a nonpartisan citizens' organization established to promote and protect civil and constitutional rights. Founded in 1981 by a group of religious, civic, and educational leaders devoted to our nation's heritage of tolerance, pluralism, and liberty, PFAWF now has hundreds of thousands of members nationwide. PFAWF regularly participates in litigation to defend constitutional principles, including those embodied in the Commerce Clause, and joins this brief in support of greater access to affordable healthcare and health insurance.

PHI – Quality Care through Quality Jobs

PHI (formerly the Paraprofessional Healthcare Institute) works to improve the lives of people who need home or residential care—by improving the lives of the workers who provide that care. Our goal is to ensure caring, stable relationships between consumers and workers, so that both may live with dignity, respect and independence. This workforce is overwhelmingly female, low-income, and twice as likely as the general population to lack health insurance coverage. The impact of the Court's

decision on access to affordable quality health coverage for our nation's paid caregivers is a major concern to PHI.

Physicians for Reproductive Choice and Health

PRCH is a doctor-led national advocacy organization. We use evidence-based medicine to promote sound reproductive health policies. As physicians, we believe every American deserves unfettered access to all reproductive health care. The health of our country depends on it. The Affordable Care Act is a valid use of congressional authority and means that millions of Americans will finally have the health coverage they need.

Planned Parenthood Federation of America

Planned Parenthood Federation of America (PPFA) is the nation's largest and most trusted voluntary reproductive health care organization. PPFA's 84 affiliates operate 815 healthcare centers nationwide. In addition to providing reproductive health care, PPFA and its affiliates are among the nation's most active and widely recognized advocates for increased access to comprehensive reproductive health services and education. PPFA is committed to promoting and preserving full reproductive choice for all people, and to providing access to high quality, confidential, reproductive health services.

Raising Women's Voices for the Health Care We Need

Raising Women's Voices for the Health Care We Need (RWV) is a national initiative working to make sure women's voices are heard in the health reform

debate and women's concerns are addressed by policymakers developing national and state health reform plans. RWV has a special focus on engaging women of color, low-income women, immigrant women, young women, women with disabilities and members of the lesbian, gay, bisexual and transgender community. In addition to bringing the concerns of these constituencies to federal advocacy forums, RWV has 22 regional coordinators in 20 states who do community organizing, advocacy and public education with women at the state and local levels.// RWV and the women it represents recognize that the Affordable Care Act (ACA) makes a real and significant difference in the lives of millions of our families, neighbors and communities. By prohibiting insurance companies from denying coverage to people with pre-existing conditions, like breast cancer or having a c-section delivery, and from charging women more than men for the same policies, it has increased our health security. Women will also gain from the availability of affordable health insurance for millions more families, from the guarantee that maternity care will be covered and from the availability of screening and preventive services without any cost-sharing barriers. With the promise of access to quality, affordable health care that meets the needs of women and our families the ACA has the potential to bring equity and fairness for women to the health care arena where it has been lacking for too long.

Sargent Shriver National Center on Poverty Law

The Sargent Shriver National Center on Poverty Law (Shriver Center) provides national leadership to

promote justice and improve the lives and opportunities of people with low income. The improved access to affordable comprehensive health coverage and health care provided by the Affordable Care Act is vital to the well-being and upward mobility of people with low income. The Shriver Center's Women's Law and Policy Project is particularly interested in justice for women and girls, including with respect to fair and adequate treatment by the nation's health care system. The Affordable Care Act contains important provisions to improve the system for women and girls that are at stake in the case before the Court.

Sexuality Information and Education Council of the United States (SIECUS)

The Sexuality Information and Education Council of the United States (SIECUS) is a 48-year-old national non-profit that advocates for the right of all people to accurate information, comprehensive education about sexuality, and sexual health services. SIECUS works to create a world that ensures social justice and sexual rights. Achieving sexual health should not be precluded by the barrier of access to comprehensive, affordable health coverage for sexual health services based on discriminatory health insurance industry practices. SIECUS is profoundly concerned with the impact that the Court's decision may have on the ability on women's access to health insurance for sexual health services.

South Dakota Advocacy Network for Women

The South Dakota Advocacy Network for Women ("SDANW") is a non-profit advocacy organization

that has been working since 1984 to advance and protect the rights of women in the South Dakota legislature. SDANW is a network composed of more than twenty women's organizations and dozens of individuals across the state of South Dakota. SDANW believes that women have a right to access comprehensive, affordable healthcare coverage, and that discriminatory practices on the part of health insurers have impeded such access in the past. SDANW is concerned the Court's decision could have a profound impact on the lives of women in our state and across the country.

Southwest Women's Law Center

The Southwest Women's Law Center is a nonprofit public interest organization based in Albuquerque, New Mexico. Its mission is to create the opportunity for women to realize their full economic and personal potential by: (i) eliminating gender bias, discrimination and harassment; (ii) lifting women and their families out of poverty; and (iii) ensuring that women have full control over their reproductive lives through access to comprehensive reproductive health services and information. Access to health care is an important economic and social justice tool for improving the lives of women. As a result, the Southwest Women's Law Center has worked to ensure that New Mexico fully implements the Affordable Care Act.

TakeAction Minnesota

TakeAction Minnesota works for social, racial and economic justice for all in Minnesota. We are committed to expanding access to health care to all

Minnesotans and building healthy communities throughout our state. TakeAction Minnesota is deeply concerned about the impact the Court's decision may have on the expanded access to health care that the Affordable Care Act is designed to achieve.

Union for Reform Judaism

The Union for Reform Judaism, whose 900 congregations across North America includes 1.5 million Reform, comes to this issue rooted in two central ideas that underlie the abiding Jewish commitment to provide health care to all of God's children: The first is Judaism's teaching that an individual human life is of infinite value and that the preservation of life supersedes almost all other considerations. The second is the belief that God has endowed us with the understanding and ability to become partners with God in making a better world. For these reasons, we believe that when members of a society at large are ill, our responsibility — not only of the medical profession but of all of us — expands to ensure that medical resources are available at an affordable cost to those who need them.

Wider Opportunities for Women

Wider Opportunities for Women (WOW) works nationally and in its home community of Washington, DC, to help women achieve economic security and equality of opportunity for themselves and their families at all stages of life. Through our Family Economic Security and Elder Economic Security Initiatives, WOW has developed indexes of

income needed to cover basic needs, including out-of-pocket health care costs. Access to affordable health insurance is essential for women's economic security.

Wisconsin Alliance for Women's Health

The Wisconsin Alliance for Women's Health (WAWH) is the Wisconsin women's health policy leader. Our broad and diverse support base includes over four dozen organizations, 1,000 individuals, including policy makers, health care providers and community members, and 182 health care professionals in our state. The vision of WAWH is to create an environment in which all Wisconsin women at every stage of life can thrive through realizing their optimal health, safety, well-being, and economic security. For this reason, we are deeply committed to the Patient Protection and Affordable Care Act, and the impact the Supreme Court decision will have on Wisconsin Women's ability to realize the full potential of the Act's benefits.

Women of Reform Judaism

Women of Reform Judaism (WRJ), an affiliate of the Union for Reform Judaism, is the collective voice and presence of women in congregational life. Established in 1913, WRJ now represents more than 65,000 women in nearly 500 women's groups in North America and around the world. Deeply committed to the social justice mission of Reform Judaism, WRJ first took action on a health issue in 1935 and in 1991 adopted a resolution calling for universal access to health care. Initiating a focus on women's health care in 1991, WRJ wrote "Women are short-changed in all aspects of health care, from

research through prevention programs to delivery of services. The need to address these inequities is fundamental to women's rights in general." WRJ and its local affiliates have continued to advocate comprehensive, affordable health coverage for women to provide for their well-being.

Women's Law Project

The Women's Law Project (WLP) is a nonprofit legal advocacy organization dedicated to creating a more just and equitable society by advancing the rights and status of all women throughout their lives. To this end, we engage in high impact litigation, advocacy, and education. The WLP has a long and effective track record working to improve access to comprehensive, quality, and affordable health care for women. Since 1994, the Women's Law Project (WLP) has engaged in extensive advocacy on the federal and state levels to eliminate insurance practices that deny insurance coverage to victims of domestic violence. We advocated for adoption of the Affordable Care Act to reduce the significant barriers to health care that confront women in the existing insurance market and have a strong interest in full implementation of the ACA.

WOMEN'S WAY

WOMEN'S WAY is the country's oldest and largest women's funding federation and was founded in Philadelphia in 1977. Our mission is to raise money and public awareness to fight for and achieve women's equality, safety, self-sufficiency, and reproductive freedom through women-centered funding, advocacy, and public education. The passage

of the Affordable Care Act was paramount to the well-being of Pennsylvania's women and families who desperately need access to quality, affordable health care. Our organization is concerned that women's health will be negatively impacted if the Affordable Care Act is not upheld.