No. 24-316

IN THE

Supreme Court of the United States

XAVIER BECERRA, SECRETARY OF HEALTH AND HUMAN SERVICES, ET AL.,

Petitioner,

v.

BRAIDWOOD MANAGEMENT, INC. ET AL.

Respondents.

ON PETITION FOR WRIT OF CERTIORARI TO THE UNITED STATES COURT OF APPEALS FOR THE FIFTH CIRCUIT

BRIEF OF 35 HEALTH CARE ACCESS ORGANIZATIONS AS *AMICI CURIAE* IN SUPPORT OF PETITION FOR WRIT OF CERTIORARI

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TABLE OF CONTENTS

TABLE OF AUTHORITIES

Page(s)

CASES

STATUTES

OTHER AUTHORITIES

Karthik Gnanapandithan & Maged Ghali, *Self-Awareness of Hepatitis C Infection in the United States: A Cross-Sectional Study Based on the National Health Nutrition and Examination Survey*, PloS ONE, Oct. 2023, https://doi.org/10.1371/journal.pone.0293315 [https://perma.cc/VTA6-QQLZ] 16

Krutika Amin et al., *Preventive Services Use Among People with Private Insurance Coverage*, Peterson-KFF Health Sys. Tracker (Mar. 20, 2023), https://www.healthsystemtracker.org/brief/preventive-services-use-among-people-with-private-insurance-coverage/ [https://perm.cc/4ZMS-A4VY].....23, 24, 26

Kyle Smith et al., *Access is Necessary but Not Sufficient: Factors Influencing Delay and Avoidance of Health Care Services*, 3 MDM Policy & Practice 1 (2018), https://journals.sagepub.com/doi/epub/10.1177/2381468318760298 5

Latent Tuberculosis Infection in Adults: Screening, USPSTF (May 2, 2023), https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/latent-tuberculosis-infection-screening [https://perma.cc/4VN2-4KMT] 16

Lisa Kisling and Joe Das, *Prevention Strategies, NIH National Library of Med.*, https://www.ncbi.nlm.nih.gov/books/NBK537222/ [https://perma.cc/YN6Z-2YCY] (last updated Aug. 1, 2023).....13

INTEREST OF *AMICI CURIAE*[1]

Amici curiae are a diverse group of organizations committed to promoting public health and access to medical care across the United States. Collectively, *amici* are lawyers, healthcare professionals, public health experts, and advocates who represent millions of people nationwide. *Amici*'s work spans a wide spectrum of medical and public health disciplines, encompassing preventive medicine, chronic disease management, health equity, and more. A full list of *amici* is attached as an Appendix.

Amici share a strong, unified interest in advancing and preserving policies that promote preventive care, as it is an essential pillar of individual and public health. Preventive care measures—such as screenings, medications, and early interventions—not only improve individual health outcomes but also alleviate the burden on the healthcare system by reducing the incidence and severity of serious medical conditions.

The judgment below, while technically narrow in scope, holds significant implications for the

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[1] No counsel for a party authored this brief in whole or in part, and no counsel for a party (nor a party itself) made a monetary contribution intended to fund the preparation or submission of this brief. No entity or person, other than *amici curiae*, their members, and their counsel, made a monetary contribution intended to fund the preparation or submission of this brief. Counsel timely notified the parties' counsel of record of the intent to file this brief.

continued viability of the Affordable Care Act's preventive care requirement—a vital public health initiative. Allowing the lower court's opinion to stand would undercut the mechanisms Congress chose to ensure widespread access to preventive care, resulting in harm to individuals, communities, and the broader healthcare system. *Amici* have a substantial interest in ensuring that the Court understands the essential nature of these preventive healthcare measures and the far-reaching potential consequences of any decision that undermines them.

INTRODUCTION AND SUMMARY OF ARGUMENT

The Fifth Circuit's undermining of the United States Preventative Services Taskforce's (USPSTF's) authority to carry out the Affordable Care Act's (ACA's) preventive care requirement will have dramatic ramifications for individual and public health. Ensuring access to preventive care without imposing cost sharing requirements on patients is a critical piece of the ACA's commitment to quality, affordable healthcare for all Americans. *See* 42 U.S.C. § 300gg-13(a)(1). No-cost preventive care reduces the incidence and severity of many diseases and other health conditions—from lung and heart disease to diabetes to HIV—improving quality of life and reducing premature death. Congress's choice to empower USPSTF furthers those goals, rooting determinations about what types of preventive care fall within the ACA's requirement in current and evolving research.

The ACA's requirement to cover USPSTF-recommended services with no costs borne by the patient

must be preserved. The opinion below frustrates the ACA's purpose, resulting in decreased access to preventive services that help make Americans healthier individually and as a population. While the limited nature of the Fifth Circuit's ruling on remedy means that no-cost preventive care remains required for everyone other than the plaintiffs, that Court's analysis regarding the power of USPSTF to fulfill its role under the ACA threatens national access to preventive care. With insurers free to reimpose costs for USPSTF-recommended services, the successes of the requirement in increasing utilization of preventive services will reverse. Inconsistency about which types of preventive care involve costs will create confusion for insurers and consumers and exacerbate health disparities. For the health of our country, the ACA's requirement must be preserved.

ARGUMENT

I. NO-COST PREVENTIVE CARE IS A CRITICAL COMPONENT OF INDIVIDUAL AND PUBLIC HEALTH.

A. PREVENTIVE CARE COVERS A VAST ARRAY OF SERVICES THAT IMPROVE HEALTH OUTCOMES BY PREVENTING DISEASE FROM DEVELOPING OR WORSENING.

"An ounce of prevention is worth a pound of cure." Benjamin Franklin, *Protection of Towns from Fire,* Pennsylvania Gazette, Feb. 4, 1735. The ACA's preventive care requirement embodies this maxim by eliminating cost as a barrier to preventive care, thereby helping to transform the United States' health system from one that focuses mainly on

treating the sick to one that also helps keep people healthy. *Background: The Affordable Care Act's New Rules on Preventive Care*, CDC (July 14, 2010), https://www.cms.gov/cciio/resources/fact-sheets-and-faqs/preventive-care-background [https://perma.cc/K27G-WK8X]. The statute requires most private insurers to cover, without cost-sharing, three sets of preventive services: services with a grade A or B from the USPSTF, immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC); and additional services supported by the Health Resources and Services Administration (HRSA) for women, infants, children, and adolescents. Patient Protection and Affordable Care Act, Pub. L. No. 111-148, § 2713, 124 Stat. 119, 131-32 (2010) (codified as amended at 42 U.S.C. § 300gg-13).

Preventive care covers a wide swath of services including screenings, immunizations, routine check-ups, patient counseling, and medications designed to detect disease at an earlier stage or prevent it from developing entirely. *See Preventive services*, HealthCare.gov, https://www.healthcare.gov/glossary/preventive-services/ [https://perma.cc/4NZ2-UCWC]; *Browse Information for Consumers*, USPSTF, https://www.uspreventiveservicestaskforce.org/uspstf/index.php/recommendation-topics/information-for-consumers [https://perma.cc/7JZE-FBBD]; 42 U.S.C. §300gg-13. Preventive care is specifically for people without symptoms. This distinguishes it from diagnostic care, which is provided when a patient with symptoms presents for diagnosis and treatment. *Preventive vs. Diagnostic Care: What to Know and Why it Matters*, UCLA Health (Dec. 7, 2022),

https://www.uclahealth.org/news/article/preventive-vs-diagnostic-care-what-to-know-and-why-it-matters [https://perma.cc/R68K-6F4E].

B. THE ACA'S PREVENTIVE CARE REQUIREMENT RECOGNIZED THAT COSTS CAUSE PATIENTS TO FORGO VITAL PREVENTIVE CARE.

Preventive care, by its nature, is non-urgent, and many patients have been shown to deprioritize it, especially when it is associated with out-of-pocket costs. *See* Rajender Agarwal et al., *High-Deductible Health Plans Reduce Health Care Cost and Utilization, Including Use of Needed Preventive Services*, 36 Health Affairs 1762, 1766 (2017) (hereinafter *HDHP Plans*), (finding adverse affect of high-deductible plans on preventive care utilization); Kyle Smith et al., *Access is Necessary but Not Sufficient: Factors Influencing Delay and Avoidance of Health Care Services,* 3 MDM Policy & Practice 1, at 2 (2018), https://journals.sagepub.com/doi/epub/10.1177/2381468318760298; *Clinical and Equity Implications of Braidwood v. Becerra,* Ctr. for Value-Based Ins. Design (June 2, 2023), https://vbidcenter.org/clinical-and-equity-implications-of-braidwood-v-becerra/ [https://perma.cc/H35U-5BAZ]. For example, a pre-ACA study found that imposing cost-sharing on mammograms and Pap smears decreased uptake of those services across multiple insurance plan types. Geetesh Solanki et al., *The Direct and Indirect Effects of Cost-Sharing on the Use of Preventive Services*, 34 Health Servs. Rsch. 1331, 1339-40, 1348 (2000), https://pmc.ncbi.nlm.nih.gov/articles/PMC1089084/pdf/hsresearch00023-0075.pdf [https://perma.cc/QXY4-ZRWW]. Lower income

patients, who are more likely to forgo healthcare expenses due to cost, may be especially likely to decline recommended preventive care for cost reasons. *See HDHP Plans*, *supra,* 1762-63, 1767; Lunna Lopes et al., *Americans' Challenges with Health Care Costs*, KFF (March 1, 2024), https://www.kff.org/health-costs/issue-brief/americans-challenges-with-health-care-costs/ [https://perma.cc/65AC-WP9F].

In adopting the ACA's preventive care requirement, Congress recognized that Americans must not be forced to choose between meeting their basic needs and proactively maintaining their health. Sara Rosenbaum, *The Patient Protection and Affordable Care Act: Implications for Public Health Policy and Practice,* 126 Public Health Rep. 130, https://journals.sagepub.com/doi/epdf/10.1177/003335491112600118; s*ee generally Nat'l Fed'n of Indep. Bus. v. Sebelius*, 567 U.S. 519, 538 (2012) ("The [ACA] aims to increase the number of Americans covered by health insurance and decrease the cost of health care.").

The need to remove these cost barriers is particularly critical for systemically marginalized groups, such as people with lower socioeconomic status and racial and ethnic minorities, who experience disproportionate burdens of preventable conditions including cardiovascular disease, Michael Sells et al., *Excess Burden of Poverty and Hypertension, by Race and Ethnicity, on the Prevalence of Cardiovascular Disease*, 20 Preventing Chronic Disease 1 (2023), https://www.cdc.gov/pcd/issues/2023/pdf/23_0065.pdf [https://perma.cc/V9PK-C4BD], cancer, *The State of Cancer Disparities in the U.S.*, Am. Cancer Society https://www.cancer.org/research/acs-research-highlights/cancer-health-

disparities-research/state-of-cancer-disparities-in-the-united-states.html [https://perma.cc/MA69-7DY8], and HIV, Jennifer Pellowski et al., *A Pandemic of the Poor: Social Disadvantage and the U.S. HIV Epidemic*, 68 Am. Psych. 197, *4, 12 (2013), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3700367/pdf/nihms463127.pdf. Researchers have explored numerous strategies to address these disparities through preventive care, such as by offering cancer care navigation and personal supports, *see* Timothy Carey et al., *National Institutes of Health Pathways to Prevention Workshop: Achieving Health Equity in Preventive Services*, Annals Internal Med. 272, 276 (2020), and using a variety of interventions to increase PrEP awareness and access. Robert Bonacci et al., *Toward Greater Pre-Exposure Prophylaxis Equity: Increasing Provision and Uptake for Black and Hispanic/Latino Individuals in the U.S.*, 61 Am. J. Preventive Med. (Special Article) S60, S62-65, https://www.ajpmonline.org/article/S0749-3797(21)00359-7/fulltext. Removing cost-sharing for preventive care furthers these efforts by diminishing financial barriers to utilization of this care.

C. THE USPSTF PLAYS AN ESSENTIAL ROLE IN OUR HEALTHCARE SYSTEM BY IDENTIFYING PREVENTIVE SERVICES WITH A STRONG BASIS IN EVIDENCE.

Because preventive care is not geared toward treating disease—when the presence of disease or symptoms dictates the need for treatment—preventive care guidelines based on scientific evidence are necessary to identify when preventive services are needed for specific populations. Such guidelines

balance the benefits and harms of preventive care for individuals and groups based on risk factors and other considerations. *See* Alex Krist et al, *Advancing the Methods of the U.S. Preventive Services Task Force,* 54 Amer. J. of Prev. Med. S1 (2018), https://www.ajpmonline.org/article/S0749-3797(17)30627-X/fulltext. Of the three federal agencies whose guidelines comprise the ACA preventive care requirement, *see* 42 U.S.C. § 300gg-13, only the USPSTF's recommendations are currently before the Court. *See* Petition for a Writ of Certiorari; *Braidwood Management, Inc. v. Becerra*, 104 F.4th 930, 956-57 (5th Cir. 2024) (remanding questions concerning ACIP's and HRSA's recommendations to the district court).

Preventive care recommended by USPSTF includes dozens of lifesaving services such as screenings to detect cancer and infectious diseases, interventions to improve maternal and child health, and medications to prevent cardiovascular disease and HIV. *See A & B Recommendations*, USPSTF, https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations [https://perma.cc/9B4K-K5N6] (hereinafter *A & B Recommendations*). Increased uptake of these services has been associated with dramatic improvements in individual and public health through, for example, decreases in incidence and mortality due to colorectal cancer, *see* Trisha Pasricha and Lawrence Friedman, *How Well do Colonoscopies Prevent Colon Cancer? What you Need to Know,* Harvard Health Publishing (Oct. 18, 2022), https://www.health.harvard.edu/blog/how-well-do-colonoscopies-prevent-colorectal-cancer-what-you-need-to-know-202210182834 [https://perma.cc/HC6H-9H29], reductions in

negative health impacts due to smoking, *see Smoking and Tobacco Use*, CDC https://www.cdc.gov/tobacco/sgr/2020-smoking-cessation/fact-sheets/healthcare-professionals-health-systems/index.html [https://perma.cc/Z7RS-HTKH] (last reviewed Oct. 25, 2023), and reduced rates of HIV transmission. *See The HIV/AIDS Epidemic in the United States: The Basics,* KFF (Oct. 3, 2024), https://www.kff.org/hivaids/fact-sheet/the-hiv-aids-epidemic-in-the-united-states-the-basics/ [https://perma.cc/8TMB-DFEY].

For over forty years, USPSTF has employed a rigorous methodology, incorporating substantial public input, to formulate its recommendations based on comprehensive scientific research, data, and evidence. Initially convened in 1984, the USPSTF comprises 16 national experts in prevention, evidence-based medicine, and primary care with a variety of clinical backgrounds including internal medicine, family medicine, pediatrics, behavioral health, obstetrics and gynecology, and nursing. *About the USPSTF,* USPSTF https://www.uspreventiveservicestaskforce.org/uspstf/about-uspstf [https://perma.cc/X27T-GAE6]; *Our Members*, USPSTF https://www.uspreventiveservicestaskforce.org/uspstf/index.php/about-uspstf/current-members [https://perma.cc/RWF3-4G7C]. The committee develops new preventive care recommendations and updates previous ones through a rigorous process, which includes: nomination of topics for consideration, which can be submitted by any group or individual; creation of a draft research plan, which is posted on the USPSTF website for public comment; review of comments and any required updates based on comments; research using peer-

reviewed studies published in scientific journals; issuance of a draft recommendation, with another opportunity for comments on the draft; another round of review of comments; and publication of the final recommendation. *USPSTF Recommendations Development Process*, USPSTF (May 2021), https://www.uspreventiveservicestaskforce.org/uspstf/about-uspstf/task-force-resources/uspstf-recommendations-development-process [https://perma.cc/7RR9-SC9V]. In conducting its systematic reviews of evidence regarding the benefits and harms of potential recommendations, the USPSTF "considers randomized controlled trials and well-conducted systematic reviews and meta-analyses as methodologically strongest." Michael Barry et al., *Putting Evidence into Practice: An Update on the US Preventive Services Task Force Methods for Developing Recommendations for Preventive Services*, 21 ANNALS FAM. MED. 165, 166 (2023), www.annfammed.org/content/annalsfm/21/2/165.full.pdf. The USPSTF recommendations thus reflect review of findings "from thousands of scientific studies every year on a range of preventive services," which result in publicly available information about which preventive care services are recommended, for whom, and why. *USPSTF: The Primary Care Clinician's Source for Prevention Recommendations*, USPSTF (May 2021), https://www.uspreventiveservicestaskforce.org/uspstf/about-uspstf/task-force-resources/primary-care-clinicans-source-factsheet [https://https://perma.cc/69CP-KFB2].

This process, while slow and methodical, is designed to be responsive to new research results over the long-term. For example, in 2021, the USPSTF lowered the age for when patients are recommended to

begin regular colorectal cancer screening through colonoscopy from 50 to 45, based on evidence regarding increased incidence of colon cancer in people younger than 50. *See Colorectal Cancer: Screening* USPSTF (May 18, 2021) https://www.uspreventiveservices taskforce.org/uspstf/recommendation/colorectal-cancer-screening [https://perma.cc/P26H-NP5L] (hereinafter *Colorectal Cancer: Screening*). In 2021, the USPSTF also added a recommendation for two noninvasive colorectal screening modalities (stool DNA testing and fecal immunochemical tests), which may help patients unwilling to undergo a colonoscopy for purely screening purposes to access alternative screening. *See id*. Moreover, as additional evidence emerges about increasing rates of colon cancer in younger patients, the USPSTF has an established process to assess that evidence and determine if new screening recommendations are warranted. *See, e.g.*, NIH National Cancer Institute, *Why Is Colorectal Cancer Rising Rapidly among Young Adults?* (November 5, 2020), https://www.cancer.gov/news-events/cancer-currents-blog/2020/colorectal-cancer-rising-younger-adults [https://perma.cc/DC4T-PBFV].

The USPSTF has also recently lowered the starting age for biennial breast cancer screening through mammography. *Breast Cancer: Screening,* USPSTF (April 30, 2024), https://www.uspreventive servicestaskforce.org/uspstf/recommendation/breast-cancer-screening [https://perma.cc/WW8Z-B6ZG] (hereinafter *Breast Cancer: Screening*). In addition, in keeping with USPSTF's commitment to health equity, USPSTF, AHRQ Pub. No. 23-05311-EF-1, *Health Equity Framework for the U.S. Preventive Services Task Force* 6 (2023), as well as evidence that Black women

experience disproportionate mortality rates due to breast cancer, the USPSTF called for more research into efforts to understand and address these higher mortality rates and other gaps in breast cancer screening research that will improve breast cancer diagnosis and treatment more broadly.[2] *Breast Cancer: Screening, supra.*

The ACA preventive care requirement helps ensure that new preventive care and screening modalities proven effective through research will be accessible to people who need them.

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[2] For example, more than 40% of women who undergo mammography are found to have dense breasts. *Breast Cancer: Screening, supra.* The USPSTF called for additional research into the benefits and harms of supplemental screening for women with dense breasts through modalities such as ultrasound or magnetic resonance imaging (MRI). *Id.* Given that Black women have higher breast density than White women, a future preventive care recommendation that explicitly addresses breast density could be a significant step towards addressing the differences in breast cancer outcomes for Black women. Anne Marie McCarthy et al., *Racial Differences in Quantitative Measures of Area and Volumetric Breast Density*, 108 J. Nat'l Cancer Inst. 1, 5 (2016) https://academic.oup.com/jnci/article/108/10/djw104/2412393.

D. PREVENTIVE CARE RECOMMENDED BY USPSTF REDUCES THE INCIDENCE AND SEVERITY OF ADVANCED DISEASES, CHRONIC DISEASES, INFECTIOUS DISEASES, AND OTHER HEALTH CONDITIONS.

Both early detection and complete prevention of disease improve health outcomes, because disease that is diagnosed at an earlier stage is easier to treat. *See, e.g.*, *Health and Economic Benefits of Breast Cancer Interventions,* NCCDPHP, CDC, July 11, 2024, https://www.cdc.gov/nccdphp/priorities/breast-cancer.html [https://perma.cc/DYC6-HTZF]. These benefits are realized in various ways, including through detection of disease before symptom onset, prevention of onset, and management of chronic diseases to prevent development of complications and comorbidities. *See* Lisa Kisling and Joe Das, *Prevention Strategies,* NIH National Library of Med., https://www.ncbi.nlm.nih.gov/books/NBK537222/ [https://perma.cc/YN6Z-2YCY] (last updated Aug. 1, 2023). Each of these benefits is facilitated through the ACA requirement that preventive care be covered without cost-sharing, as illustrated through select examples below.

1. PREVENTIVE CARE REDUCES THE U.S. DISEASE BURDEN BY ENABLING EARLY DETECTION AND TREATMENT OF DISEASES, OFTEN BEFORE SYMPTOMS APPEAR.

Many of the preventive services recommended by the USPSTF and covered by the ACA preventive care requirement are screenings for cancers and other conditions that are recommended for certain populations based on age, family history, and other risk

factors. *A & B Recommendations, supra*. These screenings facilitate early intervention, which can contribute to better health outcomes and improved quality of life.

This is especially true in the context of cancer, where early detection and linkage to treatment can significantly improve health outcomes and save lives. *Earlier Cancer Detention Improves Quality of Life and Patient Outcomes*, Avalere (July 29, 2021), https://avalere.com/insights/earlier-cancer-detection-improves-quality-of-life-and-patient-outcomes [https://perma.cc/KEB8-8Z5Y]. Between 1991 and 2019, the age-adjusted cancer death rate in the United States decreased by 32%. Am. Cancer Society, *Cancer Facts & Figures 2022* 4, 2 (2022), https://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2022.html [https://perma.cc/2GCB-CKEF]. This decrease was largely due to advances in early detection and treatment and reductions in smoking (which is also promoted through preventive care). *Id*.

People diagnosed earlier with certain common cancers are more likely to receive their diagnosis at an earlier stage of disease progression and to survive their diagnosis. R.D. Neal et al, *Is increased time to diagnosis and treatment in symptomatic cancer associated with poorer outcomes? Systematic review*, 112 Br. J. Cancer S92, S101 (2015), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4385982/pdf/bjc201548a.pdf. For example, lung cancer diagnosed at an early stage has a survival rate of 63%, compared to 8% for late-stage diagnoses. *Lung Cancer Key Findings*, State of Lung Cancer, Am. Lung Ass'n, https://www

.lung.org/research/state-of-lung-cancer/key-findings [https://perma.cc/E7E3-QLUF] (hereinafter *State of Lung Cancer*); *see also* Sean Blandin Knight et al., *Progress and Prospects of Early Detection in Lung Cancer*, 7 Open Biology 1 (2017) https://royalsocietypublishing.org/doi/epdf/10.1098/rsob.170070. Similarly, cervical cancer has a 91% survival rate when diagnosed at an early stage, compared to a 19% survival rate when diagnosed after metastasis. *Cervical Cancer Prognosis and Survival Rates,* NIH National Cancer Institute, https://www.cancer.gov/types/cervical/survival [https://perma.cc/3393-J3HM] (last updated Apr. 27, 2023). Routine cancer screenings—including those recommended by the USPSTF for lung, cervical, and other types of cancer—thus help save lives by enabling early detection. See, e.g., *State of Lung Cancer*, *supra*, (lung cancer screenings "can reduce the lung cancer death rate by up to 20%"); Nat'l Ctr. for Chronic Disease Prevention and Health Promotion, *Health and Economic Benefits of Colorectal Cancer Interventions*, CDC (Oct. 16, 2024), https://www.cdc.gov/nccdphp/priorities/colorectal-cancer.html [https://perma.cc/7GYF-MDZF] (increasing colorectal screening prevalence to 80% could significantly reduce cancer diagnoses and deaths, as well as Medicare spending).

Early detection and treatment through USPSTF-recommended screenings is also important for infectious diseases. Hepatitis C is a prime example—it can cause life-threatening complications including liver cancer and liver failure if left untreated, but with early diagnosis and treatment, antiviral medications can cure the disease in more than 95% of patients. *Hepatitis C Basics*, CDC (May 30, 2024),

https://www.cdc.gov/hepatitis-c/about/index.html [https://perma.cc/4XAJ-3WC9]. However, approximately 40% of individuals with hepatitis C in the United States (roughly 840,000 people) are unaware of their condition, as symptoms may not manifest for years. Karthik Gnanapandithan & Maged Ghali, *Self-Awareness of Hepatitis C Infection in the United States: A Cross-Sectional Study Based on the National Health Nutrition and Examination Survey*, PloS ONE, Oct. 2023, at 1, https://doi.org/10.1371/journal.pone.0293315 [https://perma.cc/VTA6-QQLZ]. Hepatitis C screening, as recommended by the USPSTF, thus helps people with the virus connect to curative treatment and avoid life-threatening complications, *see Hepatitis C Virus Infection in Adolescents and Adults: Screening*, USPSTF (Mar. 2, 2020), https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-c-screening [https://perma.cc/W4KE-DTNN], while promoting public health by enabling informed patients to take precautions to prevent transmission.[3] *See*, *Hepatitis C*, World Health Organization (Apr. 9, 2024), https://www.who.int/news-room/fact-

[3] USPSTF has also published recommendations for HIV and latent tuberculosis infection screenings, both critical services that enable timely diagnosis to help people avoid life-threatening complications of illness and transmission to others. *See Human Immunodeficiency Virus (HIV) Infection: Screening*, USPSTF (June 11, 2019), https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening [https://perma.cc/BP8P-UW4H]; *Latent Tuberculosis Infection in Adults: Screening*, USPSTF (May 2, 2023), https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/latent-tuberculosis-infection-screening [https://perma.cc/4VN2-4KMT].

sheets/detail/hepatitis-c [https://perma.cc/Y6EE-YUS3] (early diagnosis of hepatitis C helps prevent transmission).

2. PREVENTIVE CARE REDUCES THE U.S. DISEASE BURDEN BY PREVENTING ONSET OF DISEASE.

Other preventive services, such as certain preventive medications and comprehensive tobacco cessation supports, help decrease the likelihood of a person developing life-threatening conditions entirely.

A dramatic example is HIV pre-exposure prophylaxis (PrEP), which reduces the risk of acquiring HIV from sexual contact by approximately 99% and from injection drug use by at least 74%. *Pre-Exposure Prophylaxis (PrEP)*, CDC (Jul. 5, 2022), https://www.cdc.gov/hiv/risk/prep/index.html [https://perma.cc/CT2Q-VNWM]. Increased use of PrEP has been linked to a decline in national HIV transmission rates, particularly among young people. *HIV Declines Among Young People and Drives Overall Decrease in New HIV Infections*, CDC (May 23, 2023), https://www.cdc.gov/media/releases/2023/p0523-hiv-declines-among-young-people.html [https://perma.cc/U749-BN34]. Use of PrEP may also serve as a gateway to primary healthcare for individuals previously disengaged from the system. Whitney Sewell et al., *Brief Report: "I Didn't Really Have a Primary Care Provider Until I Got PrEP": Patients' Perspectives on HIV Preexposure Prophylaxis as a Gateway to Health Care*, 88 J. Acquired Immune Deficiency Syndromes 31, 34 (2021); Julia Marcus et al., *HIV Preexposure Prophylaxis as a Gateway to Primary Care*, 108 Am.

J. Pub. Health 1418, 1419 (2018), https://pmc.ncbi.nlm.nih.gov/articles/PMC6137783/pdf/AJPH.2018.304561.pdf [https://perma.cc/RAU7-6DF8].

These gains are at risk of reversal if insurance coverage of PrEP without cost-sharing were not guaranteed, as research indicates that imposing cost-sharing for PrEP would significantly reduce its usage. One study found that higher out-of-pocket costs for PrEP—even modest increases—raised the likelihood of patients abandoning their prescriptions. Lorraine Dean et al., *Estimating the Impact of Out-of-Pocket Cost Changes on Abandonment of HIV Pre-Exposure Prophylaxis*, 43 Health Affs. 36, 39 (2024), https://www.healthaffairs.org/doi/epdf/10.1377/hlthaff.2023.00808. The study also noted a link between PrEP abandonment and a higher likelihood of new HIV diagnosis. *Id*. at 42. Public health modeling has also shown that an additional 114 new HIV infections could be expected in 2024 for every 1% decrease in the number of men who have sex with men receiving PrEP. A. David Paltiel et al., *Increased HIV Transmissions with Reduced Insurance Coverage for HIV Preexposure Prophylaxis: Potential Consequences of Braidwood Management v. Becerra*, Open F. Infectious Diseases, Mar. 2023, at 1, 3, https://pmc.ncbi.nlm.nih.gov/articles/PMC10061554/pdf/ofad139.pdf [https://perma.cc/VVL8-XE6T]. These studies highlight the important role that the ACA preventive care mandate plays in enabling people to access preventive care that reduces HIV transmission, protecting both individual and public health.

Tobacco cessation supports are also critical preventive services, as smoking is the leading cause of

preventable death and disease in the United States and can lead to many serious conditions like cancer, heart disease, lung disease, and diabetes. *Cigarette Smoking*, CDC (Sept. 17, 2024), https://www.cdc.gov/tobacco/about/index.html [https://perma.cc/2MRQ-6VZR]. The USPSTF has given A recommendations to both behavioral counseling and pharmacotherapy for tobacco cessation, *Tobacco Smoking Cessation in Adults, Including Pregnant Persons: Interventions*, USPSTF (Jan. 19, 2021), https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions [https://perma.cc/6NRR-8S9S], which are among the most effective ways to help someone quit smoking, especially when used in combination. *See* HHS, NLM WM 295, *Smoking Cessation: A Report of the Surgeon General* 522, (2020).

Research has shown that comprehensive insurance coverage of evidence-based tobacco cessation supports is associated with higher utilization of these services and with increased numbers of individuals successfully quitting. *Id.* at 588. By ensuring coverage of tobacco cessation services without financial barriers, the ACA preventive care requirement works to alleviate the burden of smoking-related disease, disability, and death in the United States.

3. PREVENTIVE CARE IMPROVES EARLY DETECTION AND MANAGEMENT OF CHRONIC CONDITIONS, HELPING TO AVOID MORE ADVANCED DISEASE.

Widespread access to preventive care also allows for earlier detection and treatment of chronic

diseases. HHS Assistant Secretary for Planning and Education, HP-2022-01, *Access to Preventive Services without Cost-Sharing: Evidence from the Affordable Care Act* 10 (Jan. 11, 2022) (hereinafter *Access to Preventive Services*). This type of preventive care is especially critical to U.S. population health, given that 60% of adults have at least one chronic condition and 40% have two or more. *About Chronic Disease*, CDC (Oct. 4, 2024), https://www.cdc.gov/chronic-disease/about/index.html [https://perma.cc/7SUT-SDLQ]. Timely preventive care can help these individuals avoid very serious illness that can cause death or disability—such as heart disease and strokes—as well as extremely high health care costs for individuals, families, and the health system as a whole. *See Health and Economic Benefits of Chronic Disease Interventions*, CDC (May 15, 2024), https://www.cdc.gov/nccdphp/priorities/index.html [https://perma.cc/9QYR-MLFE]; *Heart Disease Facts*, CDC (May 15, 2024), https://www.cdc.gov/heart-disease/data-research/facts-stats/index.html [https://perma.cc/V6RD-JUPR] (Chronic diseases are "the leading drivers of our nation's $4.5 trillion in annual health care costs.").

Many preventive services with USPSTF A and B recommendations—such as screenings for hypertension and Type 2 diabetes, and statins to prevent cardiovascular disease—are geared to alleviating the burden of chronic disease and reducing the likelihood of complications. *See Hypertension in Adults: Screening*, USPSTF (April 27, 2021), https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hypertension-in-adults-screening [https://perma.cc/Z3FD-BDJT]; *Prediabetes and Type 2 Diabetes: Screening*, USPSTF (August 24, 2021), https://www.

uspreventiveservicestaskforce.org/uspstf/recommendation/screening-for-prediabetes-and-type-2-diabetes [https://perma.cc/X5ME-REEG]; *Statin Use for the Primary Prevention of Cardiovascular Disease in Adults: Preventive Medication*, USPSTF (August 23, 2022), https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/statin-use-in-adults-preventive-medication [https://perma.cc/LA5W-B5MF] (hereinafter *Statins*). The USPSTF recommendation that statins be prescribed for adults ages 40 to 75 with certain cardiovascular disease risk factors is a potent example. *Statins*, *supra*. Cardiovascular disease is the leading cause of death in the United States, and many of these deaths occur in people younger than 65. *Heart Disease Facts*, *supra*. Statins can greatly reduce the risk of heart attacks, strokes, and death, but higher out-of-pocket costs for statins decrease the likelihood of statin adherence. Quyen Ngo-Metzger et al., *Estimated Impact of US Preventive Services Task Force Recommendations on Use and Cost of Statins for Cardiovascular Disease Prevention*, 33 J Gen. Intern. Med., 1317, 1321 (2018), https://pmc.ncbi.nlm.nih.gov/articles/PMC6082218/pdf/11606_2018_Article_4497.pdf [https://perma.cc/BM6M-KS67]. The ACA's mandate that statins must be covered without cost-sharing consistent with USPSTF's guidelines enables millions of Americans to access and remain adherent to potentially lifesaving preventive care. *See id.* at 1323.

Access to no-cost diabetes screenings is also critical. Diabetes may lead to serious complications, such as blindness and neuropathy, which can lead to amputations, *National Diabetes Statistics Report*, CDC (May 15, 2024), https://www.cdc.gov/diabetes/

php/data-research/ [https://perma.cc/HBW2-5L4U]; *Preventing Diabetes Related Amputations*, CDC (May 15, 2024), https://www.cdc.gov/diabetes/diabetes-complications/preventing-diabetes-related-amputations.html [https://perma.cc/477A-S6ZR], and it increases the risk of cardiovascular disease, *Diabetes, Heart Disease, & Stroke*, Nat'l Inst. of Diabetes & Digestive & Kidney Diseases https://www.niddk.nih.gov/health-information/diabetes/overview/preventing-problems/heart-disease-stroke [https://perma.cc/KH6S-YH56]. Yet despite these risks, over a fifth of adults with diabetes in 2021 were undiagnosed, and many adults with prediabetes do not report being aware of their condition. *National Diabetes Statistics*, *supra*. Access to screening may be vital for these patients, as strategies are available to reduce the risk of complications once patients have been properly diagnosed. *Health and Economic Benefits of Diabetes Interventions*, CDC (May 15, 2024), https://www.cdc.gov/nccdphp/priorities/diabetes-interventions.html [https://perma.cc/YW5F-KLX4]; see *Early blood glucose control for people with type 2 diabetes is crucial for reducing complications and prolonging life*, University of Oxford (May 20, 2024), https://www.ox.ac.uk/news/2024-05-20-early-blood-glucose-control-people-type-2-diabetes-crucial-reducing-complications [https://perma.cc/4HC4-BVME] (early diagnosis and intensive blood glucose control reduced severe diabetic complications and deaths).

II. BECAUSE OF THE IMPORTANCE OF AFFORDABLE PREVENTIVE CARE TO INDIVIDUAL AND PUBLIC HEALTH, THE ACA REQUIREMENT TO COVER USPSTF-RECOMMENDED SERVICES MUST BE PRESERVED.

Prior to the ACA's enactment, access to preventive healthcare often involved significant out-of-pocket costs for millions of Americans. As a result of the ACA, 71.8 million people with private health insurance received access to no-cost preventative care. HHS Off. of Ass't Sec'y for Plan. & Evaluation, *Increased Coverage of Preventive Services with Zero Cost Sharing Under the Affordable Care Act*, (Jun. 27, 2014), https://aspe.hhs.gov/sites/default/files/migrated_legacy_files//44251/ib_PreventiveServices.pdf [https://perma.cc/H6PE-R49P].

The removal of cost-sharing requirements has enabled increased utilization of preventive services across the nation, allowing millions of Americans to access a wide range of preventive services without the financial burden that would otherwise discourage or prevent them from seeking care. As of 2020—a decade after the ACA's passage—approximately 151.6 million individuals with private health coverage could benefit from preventive care services with zero cost-sharing. *See Access to Preventive Services, supra.*

Having this no-cost coverage demonstrably increased access to preventive services—an investment that may help people age in better health. *Id.* at 10. Prior to the COVID-19 pandemic, approximately 60% of privately insured individuals—roughly 100 million

people—accessed preventive services at no cost in 2018 (as required by the ACA). *See* Krutika Amin et al., *Preventive Services Use Among People with Private Insurance Coverage,* Peterson-KFF Health Sys. Tracker (Mar. 20, 2023), https://www.healthsystemtracker.org/brief/preventive-services-use-among-people-with-private-insurance-coverage/ [https://perma.cc/4ZMS-A4VY]. These services run the gamut, from well person visits and vaccinations to screenings for heart disease, cancers, and diabetes. *Id*. It is no surprise, therefore, that this requirement is among the most popular provisions of the ACA, with 82% of respondents to a 2023 survey expressing "very favorable" or "somewhat favorable" opinions about it, across the political spectrum. *See* Audrey Kearney et al., *KFF Health Tracking Poll May 2023: Health Care in the 2024 Election and in the Courts*, KFF (May 26, 2023) https://www.kff.org/report-section/kff-tracking-poll-may-2023-health-care-in-the-2024-election-and-in-the-courts-prep-and-preventive-care/ [https://perma.cc/R8Z9-7CZ2].

The no-cost requirement has also resulted in substantially increased use of preventive services by those who are systemically marginalized, including low-income individuals, people of color, and others with limited resources. These populations benefit the most from the cost-sharing elimination, underscoring the critical role the ACA plays in reducing healthcare disparities and promoting equitable access to essential health services. *See* Hope C. Norris et al., *Utilization Impact of Cost-Sharing Elimination for Preventive Care Services: A Rapid Review,* 79 Med. Care Rsch. & Rev. 175, 192 (2022).

The Fifth Circuit's holding that the USPSTF's preventive care determinations are unlawful undermines this critical aspect of the ACA's commitment to better health. Although the Court excused only the plaintiffs from having to provide USPSTF-designated preventive care, the ramifications of its analysis threaten to reverse the positive trends of increased utilization of preventive screenings, services, and treatments flowing from the no-cost requirement and wreak havoc on the healthcare system.

A. IF USPSTF-RECOMMENDED SERVICES NO LONGER FALL WITHIN THE NO-COST REQUIREMENT, PREVENTIVE CARE UTILIZATION WILL DECREASE.

If no-cost coverage of these services is no longer required, preventive care coverage will be left to the free market, likely resulting in some form of cost-sharing as it was before the ACA's passage. Whether through copays, coinsurance, or deductibles, health plans could freely reimpose some of the costs of this care on insured parties. A 2022 survey found that up to 20% of respondents would consider introducing cost-sharing for preventive services if no longer required to cover them without charge. EBRI Fast Facts, *Will Employers Introduce Cost Sharing for Preventive Services? Findings From EBRI's First Employer Pulse Survey*, Employee Benefit Research Institute (Oct. 27, 2022), https://www.ebri.org/docs/default-source/fast-facts-(public)/ff-445-pssurvey-27oct22.pdf?sfvrsn=52f4382f_4.

This is unsurprising. Insurers are fiscally disincentivized to continue offering preventive services

at no-cost to policyholders in the absence of a legal requirement. Previously, without the ACA's guardrails, economic models guided insurers toward imposing cost-sharing for preventive services. Diane Archer, *No Competition: The Price of a Highly Concentrated Health Care Market*, Health Affairs Blog (March 6, 2013), https://www.healthaffairs.org/do/10.1377/forefront.20130306.028873. Leaving these coverage determinations up to the free market may result in insurance plans choosing among preventive care services for coverage based on the cost of the service. Costs of preventive services vary greatly—from $50 for flu shots, to hundreds of dollars for low-dose CT scans to screen for lung cancer, to more than $1,000 for colonoscopies. *See* Amin, et al., *supra; see also* William Black, et al., *Cost-Effectiveness of CT Screening in the National Lung Screening Trial*, 371 N. Engl. J. Med. 1793 (2014), https://www.nejm.org/doi/pdf/10.1056/NEJMoa1312547. Thus, cost-based determinations could result in a lack of coverage for more expensive but important interventions.

Reimposing cost-sharing on USPSTF-designated preventive care services will lead to a significant decrease in their utilization. *See* § I.B., *supra*. This conclusion is borne out by recent patient surveys. A 2023 survey found that more than half of the respondents would forgo critical preventive services, including HIV screenings, depression screenings, and tobacco cessation programs, if required to pay out-of-pocket costs. Ricky Zipp, *Many Americans Are Likely to Skip Preventive Care if ACA Coverage Falls Through*, Morning Consult (Mar. 8, 2023, 5:00am PDT), https://pro.morningconsult.com/trend-setters/affordable-care-act-polling-data [https://perma.cc/

Q8PK-WHZY]. Nearly a quarter of respondents indicated that preventive care is among the most important services for plans to cover, and half of respondents said they had avoided other forms of care due to its cost. *Id*. Allowing insurers to impose costs for these and other USPSTF-recommended services risks reversing the gains in utilization of preventive care under the ACA, as individuals who are cost-sensitive would be forced to choose between paying for household necessities and protecting their health.

Moreover, insurers may design their preventive services benefits in ways that appeal to healthier populations, who are less likely to need costly medical interventions. In contrast, individuals at higher risk of developing chronic conditions could face increased cost-sharing, which would likely deter them from utilizing preventive services altogether. This practice could exacerbate existing health disparities and further limit access to essential care: Harris Meyer, *What Will Payers Do If Courts Strike Down the ACA's No-Cost Requirement for Preventive Services?*, Managed Healthcare Executive (Sept. 7, 2022), https://www.managedhealthcareexecutive.com/view/what-will-payers-do-if-courts-strike-down-the-aca-s-no-cost-requirement-for-preventive-services- [https://perma.cc/64MZ-UDXB]. Such a reversal could also impede efforts to address longstanding health disparities, *see* § I.B., *supra*, posing cost barriers to preventive care for those who would benefit from it most.

B. CARVING USPSTF RECOMMENDATIONS OUT OF THE NO-COST REQUIREMENT WILL CREATE CONFUSION FOR BOTH INSURERS AND CONSUMERS AND EXACERBATE HEALTH DISPARITIES.

Allowing the Fifth Circuit's USPSTF decision to stand would create inconsistency and confusion about what types of preventive care must be at no-cost and what types may require cost-sharing, even within the same insurance plan. It would create a fragmented and inconsistent regulatory landscape, with profound negative implications for individual and public health, economic stability, and healthcare equity.

Aside from the costs themselves, this confusion about what services are covered and what costs patients may incur will also lead to underutilization of preventive services by patients. When patients are unsure of their benefits, they are less likely to seek care, especially preventive services that are not immediately urgent. As it is, a significant portion of insured patients have difficulty understanding their health insurance coverage, leading to delays in seeking care or avoiding care altogether. *See* Karen Pollitz et al., *KFF Survey of Consumer Experiences with Health Insurance*, KFF (June 15, 2023), https://www.kff.org/private-insurance/poll-finding/kff-survey-of-consumer-experiences-with-health-insurance/ [https://perma.cc/3Y7E-DMVP]. More specifically, patients with low health insurance literacy—those who struggle to understand how their insurance works—are more likely to avoid necessary healthcare services due to concerns about cost; patients who lack a clear understanding of

their coverage are significantly more likely to delay or skip preventive services due to uncertainty and worry about cost. *See* Renuka Tipirneni, et al., *Association Between Health Insurance Literacy and Avoidance of Health Care Services Owing to Cost*, JAMA Network Open, Nov. 16, 2018, at 1, 7, https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2714507 [https://perma.cc/W3JK-8HEB].

Beyond its effects on patients, a fragmented regulatory environment could also lead insurers to adopt defensive underwriting practices, imposing higher premiums or reducing coverage options to hedge against legal and financial risks. Such practices would, in turn, reduce access to affordable healthcare and stifle innovation in preventive care delivery. *See The Damaging Effect of Regulation of Insurance by the Courts* (2003), Nat'l Ass'n of Mutual Insurance Companies, https://www.namic.org/wp-content/uploads/legacy/CJR_22JULY2003.pdf [https://perma.cc/YBX5-SLJW].

The ripple effect of this uncertainty would be felt throughout the healthcare system, as insurers hesitate to invest in new preventive care innovations or expand coverage to underserved populations. Without a consistent no-cost preventive care requirement, high-end insurance plans may continue to cover all preventive care without copays while cheaper plans may be selective in choosing which preventive care recommendations they will continue to cover at no-cost. In the long term, this could worsen health outcomes nationwide, as fewer individuals have access to the preventive services that are essential for early

detection and management of health conditions, due to the barrier imposed by cost. *Id.*

CONCLUSION

For these reasons this court should grant the United States' petition for writ of certiorari.

Respectfully submitted.

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October 21, 2024

APPENDIX

TABLE OF CONTENTS

LIST OF *AMICI CURIAE*

AcademyHealth improves health and health care for all by advancing evidence to inform policy and practice. It further centers our work around core values: evidence for action, diversity, and inclusion, leading based on continuous learning, collaboration and community, and trust and integrity. Operationally, it calls on us to work on impact, workforce, engagement, and innovation.

AIDS Alabama devotes its energy and resources statewide to helping people with HIV live healthy, independent lives and works to prevent the spread of HIV. We work to effect systematic change to dramatically improve the lives of people with HIV and to reduce infection and mortality rates.

AIDS Foundation Chicago (AFC) mobilizes communities to create equity and justice for people living with and vulnerable to HIV or chronic conditions. AFC envisions a world where people living with HIV or chronic conditions will thrive, and there will be no new cases of HIV.

AIDS United is dedicated to ending the HIV epidemic in the United States through strategic grant making, capacity building, policy, and advocacy. AIDS United leads the Public Policy Council (PPC), the largest and longest-running community-based HIV/AIDS national policy coalition in the country. For the last 40 years, the PPC has led initiatives to shape and inform federal policies that impact people living with and affected by HIV to ensure those policies are sound and just. AIDS United supports community-driven

responses to the domestic HIV epidemic that successfully reaches the nation's most disproportionately affected populations.

American Lung Association is the nation's oldest voluntary health organization representing the 34 million Americans with lung disease in all 50 states and the District of Columbia. The American Lung Association strongly supports coverage of preventive services as recommended by the United States Preventive Services Task Force without cost-sharing, including comprehensive tobacco cessation treatments and lung cancer screening for individuals at high risk because it reduces morbidity and mortality.

Association of Nurses in AIDS Care (ANAC) fosters the professional development of nurses and others involved in the delivery of healthcare for persons at risk for, living with, and/or affected by the human immunodeficiency virus (HIV) and its co-morbidities. ANAC promotes the health, welfare and rights of people living with HIV around the world.

Colorado Consumer Health Initiative is a nonprofit, consumer-oriented, membership-based health advocacy organization that serves Coloradans whose access to health care and financial security are compromised by structural barriers, affordability, poor benefits, or unfair business practices of the health care industry.

Community Catalyst is a non-profit health policy and advocacy organization with the mission of building the power of people to create a health system

rooted in race equity and health justice, and a society where health is a right for all. With equity as our north star, we are working to reduce medical costs for people, expand health coverage, improve benefits, ensure everyone has access to a trusted provider, and is seen, valued and respected by the system overall â€" no matter who they are, how much money they make, or where they live.

Equality California is a nonprofit civil rights LGBTQ+ organization that works to achieve full, lived LGBTQ+ equality by reducing disparities in LGBTQ+ health and well-being, developing a pipeline of LGBTQ+ leaders and increasing civic participation within the LGBTQ+ community.

Families USA, a leading national, non-partisan voice for health care consumers, is dedicated to achieving high-quality, affordable health care and improved health for all. Their work is driven by and centered around four pillars: value, equity, coverage, and people's experience.

Georgia AIDS Coalition is an educational resource for the formation and articulation of public policy regarding HIV infection, Viral Hepatitis, Tuberculosis, and sexually transmitted infections.

GLBTQ Legal Advocates & Defenders (GLAD) works through litigation, public policy advocacy, and education to create a just society free from discrimination based on gender identity and expression, HIV status, and sexual orientation. GLAD has litigated widely in both state and federal courts in all areas of the law to protect and advance the rights of

lesbians, gay men, bisexuals, transgender individuals, and people living with HIV and AIDS.

GO2 for Lung Cancer, founded by patients and survivors, is dedicated to increasing survival for those at risk, diagnosed and living with lung cancer provides one-on-one assistance, supportive connections, treatment information, and help finding the care close to home. The organization offers information about the latest research and special initiatives that increase survivorship and works to improve health policies and public awareness.

Health Care Voices organizes adults with serious medical conditions and health care activists across the country as a force for change. They are an independent grassroots group of health care advocates for affordable comprehensive health care, fighting the high cost of care in America, and making our health care system work better for all.

HIV and Hepatitis Policy Institute promotes quality and affordable healthcare for people living with or at risk of HIV, hepatitis, and other serious and chronic health conditions.

Justice in Aging seeks to ensure the health and economic security of older adults with limited income and resources through advocacy, litigation, and the education of legal aid attorneys and other local advocates. They focus their work on access to Medicaid, Medicare, Social Security and SSI; critical benefits programs that allow low-income older adults to live with dignity and independence.

LUNGevity Foundation is a non-profit organization that envisions a world where no one dies of lung cancer. LUNGevity is firmly committed to making an immediate impact on increasing quality of life and survivorship of all people diagnosed with lung cancer by accelerating research into early detection and more effective treatments, as well as providing community, support, and education for all those affected by the disease.

The **Michigan League for Public Policy** uses data to educate, advocate and fight for policy solutions that undo historic and systemic racial and economic inequities to lift up Michiganders who have been left out of prosperity. They focus on a range of issues including health equity and social determinants of health.

National Alliance of State and Territorial AIDS Directors (NASTAD) is a leading non-partisan non-profit association that represents public health officials who administer HIV and hepatitis programs in the U.S. We work to advance the health and dignity of people living with and impacted by HIV/AIDS, viral hepatitis, and intersecting epidemics by strengthening governmental public health through advocacy, capacity building, and social justice.

National Alliance on Mental Illness (NAMI) is the nation's largest grassroots mental health organization, dedicated to building better lives for the millions of Americans affected by mental illness. NAMI is an alliance of more than 700 affiliate organizations that work in communities in all 50 States to raise awareness, provide support and education, and

advocate for policy change. NAMI has a long history of working to ensure people with mental health conditions can access necessary treatment, including prevention and early intervention services.

The **National Coalition of STD Directors** (NCSD) mission is to advance equitable, effective STI prevention programs and services in all communities across the country. NCSD does this as the voice of their membership.

The **National Partnership for Women & Families** mission is to improve the lives of women and families by achieving equality for all women. They work towards a just and equitable society in which all women and families can live with dignity, respect and security; all have access to high-quality healthcare; every person has the opportunity to achieve their potential; and no person is held back by discrimination or bias.

National Viral Hepatitis Roundtable (NVHR) is the largest network of patients, providers, public health leaders, and community partners breaking down barriers to care across the United States. For over 20 years, we have driven progress toward viral hepatitis elimination through knowledge sharing, advocacy, and policy change.

The **Pennsylvania Health Access Network** is a statewide nonprofit organization that helps individuals and families understand, apply for, and enroll in health coverage options. It also assists people in resolving issues and problems following enrollment such as accessing care, utilizing benefits, and

understanding bills. Most of the 38,000 individuals it has helped enroll rely on no-cost sharing preventative care benefits.

Positive Women's Network-USA (PWN-USA) is a nationwide community of women living with HIV. PWN-USA's mission is to prepare and involve all women living with HIV, in all our diversity, including gender identity and sexual expression, in all levels of policy and decision-making.

PrEP4All works to ensure that everyone can access cutting-edge HIV prevention regardless of race, gender, socioeconomic status, or geographic location. Despite U.S. Food and Drug Administration (FDA) approval of oral tenofovir-based HIV PrEP more than twelve years ago, only around one third of the people who need PrEP in the United States are currently using it, and the HIV epidemic is characterized by extreme racial, socioeconomic, and geographic disparities. PrEP4All aims to address these issues through eliminating systemic barriers to PrEP access, especially in the most vulnerable communities, with the goal of reducing new HIV infections in the United States.

Protect Our Care is dedicated to making high-quality, affordable and equitable health care a right, and not a privilege, for everyone in America. We educate the public, influence policy, support health care champions and hold politicians accountable. Their strategy combines a campaign mentality with a best-in-class earned media and communications program, a highly effective inside game with policy makers, and deep engagement at the state and local level.

Public Health Law Center is a public interest legal resource center dedicated to improving health through the power of law and policy, grounded in the belief that everyone deserves to be healthy. Located at the Mitchell Hamline School of Law in Saint Paul, Minnesota, the Center helps local, state, national, Tribal, and global leaders promote health by strengthening public policies. For more than twenty years, the Center has worked with public officials and community leaders to develop, implement, and defend effective public health laws and policies, including those designed to reduce commercial tobacco use, improve the nation's diet, encourage physical activity, enhance climate justice, protect the nation's public health infrastructure, and promote health equity.

The **SERO Project** centers PLHIV leadership to end HIV criminalization, mass incarceration, racial and social injustice by supporting inclusive PLHIV networks to improve policy outcomes, advance human rights and promote healing justice.

Treatment Action Group (TAG) is an independent, activist, and community-based research and policy think tank committed to racial, gender, and LGBTQ+ equity; social justice; and liberation, fighting to end HIV, tuberculosis (TB), and hepatitis C virus (HCV). TAG catalyzes open collective action by affected communities, scientists, and policymakers to ensure that all people living with or impacted by HIV, TB, or HCV â€" especially communities of color and other marginalized communities experiencing inequities â€" receive life-saving prevention, diagnosis, treatment, care, and information. TAG are science-based activists working to expand and accelerate vital

research and effective community engagement with research and policy institutions for an end to the HIV, TB, and HCV pandemics.

Truth Initiative was created out of a master settlement agreement between state attorneys general and the major U.S. cigarette companies. Truth Initiative studies and supports programs in the United States to reduce youth tobacco use and to prevent diseases associated with tobacco use.

The **U.S. People Living with HIV Caucus**' (The Caucus) mission is to work to abolish systems of oppression, centering the experiences of People Living with HIV to foster our collective health and well-being. The Caucus advocates for human rights and dignity for people living with HIV. The Caucus provide leadership development and technical assistance to people living with HIV and HIV service organizations. The Caucus co-organizes AIDSWatch, the annual HIV advocacy event that brings together hundreds of PLHIV and allies from around the country to engage with Congress and federal agencies.

United States of Care is a non-partisan, nonprofit organization working to ensure everyone has access to quality, affordable health care regardless of health status, social need, or income. We uplift the voices of real people engaging with the health care system whose perspectives shape our advocacy work on the state and federal levels to tackle our shared health care challenges.

Vivent Health is a nonprofit provider of HIV care and prevention serving over 17,000 people living

with or most vulnerable to HIV throughout Colorado, Illinois, Michigan, Missouri, Texas, and Wisconsin. Their integrated medical home model of care brings together primary care, dental, on-site pharmacy, social work and case management, food pantry, housing and legal assistance, HIV/STI testing and prevention, and harm reduction services.

Young Invincibles' mission is to amplify the voices of young adults in the political process and expand economic opportunity for our generation.