

No. 19-35386(L)

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IN THE UNITED STATES COURT OF APPEALS  
FOR THE NINTH CIRCUIT

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STATE OF OREGON, et al.,  
Plaintiffs-Appellees,

v.

ALEX M. AZAR II, in his official capacity as Secretary of the United  
States Department of Health and Human Services; UNITED STATES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES, et al.,

Defendants-Appellants.

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AMERICAN MEDICAL ASSOCIATION, et al.,

Plaintiffs-Appellees,

v.

ALEX M. AZAR II, in his official capacity as Secretary of the United  
States Department of Health and Human Services; UNITED  
STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES, et al.,

Defendants-Appellants.

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On Appeal from the United States District Court  
for the District of Oregon

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**BRIEF *AMICUS CURIAE* OF AMERICANS UNITED FOR LIFE  
IN SUPPORT OF APPELLANTS AND REVERSAL**

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## CORPORATE DISCLOSURE STATEMENT

*Amicus Curiae* Americans United for Life has no parent corporations or stock that a publicly held corporation can hold.

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## TABLE OF CONTENTS

	Page(s):
CORPORATE DISCLOSURE STATEMENT.....	i
TABLE OF CONTENTS.....	ii
TABLE OF AUTHORITIES.....	iii
STATEMENT OF INTEREST OF <i>AMICUS CURIAE</i> .....	1
ARGUMENT.....	2
Plaintiffs’ complaints that the Rule impedes access to abortion reveals that their real problem is with Title X’s statutory prohibition against abortion as a method of family planning. ....	2
A. Title X statutorily excludes abortion from the scope of its projects and funding.....	2
B. Despite Title X’s prohibition against abortion, Plaintiffs complain that the Rule impedes access to abortion. ....	5
C. If Plaintiffs leave Title X, it is because they are choosing abortion over Title X services. ....	9
CONCLUSION.....	15
CERTIFICATE OF COMPLIANCE.....	16
CERTIFICATE OF SERVICE.....	17

## TABLE OF AUTHORITIES

	Page(s):
<b>Cases</b>	
<i>Harris v. McRae</i> , 448 U.S. 297 (1980).....	2
<i>Maher v. Roe</i> , 432 U.S. 464 (1977).....	2, 9
<i>Obria Grp., Inc. v. U.S. Dep’t of Health &amp; Hum. Servs.</i> , No. 19-905 (C.D. Cal.).....	10, 11
<i>Regan v. Taxation with Representation of Wash.</i> , 461 U.S. 540 (1983).....	9
<i>Roe v. Wade</i> , 410 U.S. 113 (1973).....	1
<i>Rust v. Sullivan</i> , 500 U.S. 173 (1991).....	2, 3, 4, 9, 12
<i>Webster v. Reprod. Health Servs.</i> , 492 U.S. 490 (1989).....	2, 8, 9
<b>Statutes</b>	
42 U.S.C § 201 et seq. ....	3
42 U.S.C § 300(a).....	3
42 U.S.C § 300a-6.....	3
Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019, Pub. L. No. 115–245, div. B, tit. II, 132 Stat. 2981, 3970–71 (2018) .....	3

**Other Authorities**

84 Fed. Reg. 7714 .....4, 5, 10

Brief Amicus Curiae of Ams. United for Life in Support of Defendants and in Opposition to Plaintiffs’ Motion for Preliminary Injunction, *Family Planning Ass’n of Me. v. U.S. Dep’t of Health & Hum. Servs.*, No. 19-100 (D. Me. Apr. 17, 2019), ECF No. 54, <https://aul.org/wp-content/uploads/2019/04/AUL-Amicus-Brief.pdf> .....8

Comment from Rachel N. Busick, Staff Counsel, Ams. United for Life, to Alex M. Azar, Secretary, U.S. Dep’t Health & Human Servs., on Proposed Rule to Ensure Compliance with Statutory Program Integrity Requirements in Title X of the Public Health Service Act (July 31, 2018), <https://aul.org/wp-content/uploads/2018/07/AUL-Comment-on-Title-X-Proposed-Rule-re-Program-Integrity.pdf> .....2

Mem. in Supp. of Mot. for Prelim. Inj., *Family Planning Ass’n of Me. v. U.S. Dep’t of Health & Hum. Servs.*, No. 19-100 (D. Me. Mar. 25, 2019), ECF No. 17 .....14

Notice of Withdrawal of Mot. for Prelim. Inj., *Family Planning Ass’n of Me. v. U.S. Dep’t of Health & Hum. Servs.*, No. 19-100 (D. Me. Apr. 26, 2019), ECF No. 65.....14

Opinion & Order, *Oregon v. Azar*, No. 19-317 (D. Or. Mar. 29, 2019), ECF No. 142 .....7, 12

Pl. States’ Mot. for Prelim. Inj., *Oregon v. Azar*, No. 19-317 (D. Or. Mar. 21, 2019), ECF No. 35 .....6, 9, 10, 11

Pls.’ Mot. for Prelim. Inj., *Am. Med. Ass’n v. Azar*, No. 19-318 (D. Or. Mar. 21, 2019), ECF No. 42.....6, 7, 10, 11, 12, 13

## STATEMENT OF INTEREST OF *AMICUS CURIAE*<sup>1</sup>

*Amicus* Americans United for Life (AUL) is the first and most active pro-life non-profit advocacy organization dedicated to advocating for comprehensive legal protections for human life from conception to natural death. Founded in 1971, before the Supreme Court's decision in *Roe v. Wade*, 410 U.S. 113 (1973), AUL has nearly 50 years of experience relating to abortion jurisprudence. AUL attorneys are highly-regarded experts on the Constitution and legal issues touching on abortion and are often consulted on various bills, amendments, and ongoing litigation across the country.

It is AUL's long-time policy position that public funds appropriated or controlled by federal and state governments should not be allocated to providers of elective abortions, but instead should be allocated towards comprehensive and preventive women's health care providers. In furtherance of its mission, AUL seeks to maintain the constitutionality of laws restricting public funds from subsidizing abortion businesses and advocate against the creation of new precedents that would undermine

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<sup>1</sup> No party's counsel authored any part of this brief. No person other than *Amicus Curiae* and its counsel contributed any money intended to fund the preparation or submission of this brief.

the permissible policy choices of federal and state governments. To that end, AUL filed a Comment in support of the Rule during the public notice and comment period.<sup>2</sup> AUL has also filed *amicus* briefs in every Supreme Court case involving the rights of states and the federal government not to use public funds and resources to subsidize elective abortions or abortion providers. *See, e.g., Rust v. Sullivan*, 500 U.S. 173 (1991); *Webster v. Reprod. Health Servs.*, 492 U.S. 490 (1989); *Harris v. McRae*, 448 U.S. 297 (1980); *Maher v. Roe*, 432 U.S. 464 (1977).

All parties consented to the timely filing of this *Amicus* Brief.

## ARGUMENT

**Plaintiffs' complaints that the Rule impedes access to abortion reveals that their real problem is with Title X's statutory prohibition against abortion as a method of family planning.**

**A. Title X statutorily excludes abortion from the scope of its projects and funding.**

Congress enacted Title X of the Public Health Service Act in 1970 to provide financial support for healthcare organizations offering

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<sup>2</sup> *See* Comment from Rachel N. Busick, Staff Counsel, Ams. United for Life, to Alex M. Azar, Secretary, U.S. Dep't Health & Human Servs., on Proposed Rule to Ensure Compliance with Statutory Program Integrity Requirements in Title X of the Public Health Service Act (July 31, 2018), <https://aul.org/wp-content/uploads/2018/07/AUL-Comment-on-Title-X-Proposed-Rule-re-Program-Integrity.pdf>.

*prepregnancy* family planning services. See 42 U.S.C § 201 *et seq.*; *Rust v. Sullivan*, 500 U.S. 173, 190 (1991) (“It is undisputed that Title X was intended to provide primarily *prepregnancy* preventive services.”). Title X funds are allocated specifically to projects that “offer a broad range of acceptable and effective family planning methods and services (including natural family planning methods, infertility services, and services for adolescents).” 42 U.S.C § 300(a). Section 1008 of the Act (also enacted in 1970) explicitly excludes abortion from the scope of “family planning” and states that “[n]one of the funds appropriated under this title shall be used in programs where abortion is a method of family planning.” *Id.* § 300a-6. Likewise, the 2019 Continuing Appropriations Act also explicitly conditioned the allocation of Title X funds to family planning projects provided that the funds “shall not be expended for abortions” and “that all pregnancy counseling shall be nondirective.” Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019, Pub. L. No. 115–245, div. B, tit. II, 132 Stat. 2981, 3970–71 (2018). Thus, Congress has statutorily excluded abortion from the scope of Title X projects and Title X funding, and any discussion of abortion must be nondirective.



In *Rust v. Sullivan*, the Supreme Court held that Section 1008 was ambiguous enough to allow for multiple permissible interpretations, including the regulations at issue in *Rust*, which, similar to the Rule at issue here, required the physical and financial separation between Title X projects and abortion-related activities and prohibited referrals for abortion. *See* 500 U.S. at 187, 203. As such, it cannot be arbitrary and capricious for the U.S. Department of Health and Human Services (HHS), under a new administration with different priorities and goals, to disagree with a prior administration's interpretation of an "ambiguous" section with multiple permissible interpretations.

Consistent with *Rust* and in accordance with Title X's statutory mandates, HHS issued the Rule, in part, to "ensure compliance with the statutory requirement that Title X funding not support programs where abortion is a method of family planning." 84 Fed. Reg. 7714, 7715. Materially similar to the regulations upheld by the Supreme Court in *Rust*, the Rule requires "clear physical and financial separation between a Title X program and any activities that fall outside the program's scope," such as programs or facilities where abortion is a method of family

planning, and prohibits directive pregnancy counseling and referrals for abortion. *Id.* at 7715–17.<sup>3</sup>

While Congress has permitted (but not required) nondirective counseling for pregnant women within a Title X project, generally speaking, Title X is focused on *prepregnancy* family planning services and does not cover post-conception care (outside emergency situations). *See id.* at 7788–89. Regardless of whether a woman is receiving prepregnancy services, nondirective pregnancy counseling, or referrals for care outside the scope of Title X, Title X funds are statutorily prohibited from being used for abortion or in programs where abortion is a method of family planning.

**B. Despite Title X’s prohibition against abortion, Plaintiffs complain that the Rule impedes access to abortion.**

Despite Title X’s prohibition on abortion as a method of family planning within Title X projects and funding, Plaintiffs’ motions for

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<sup>3</sup> During non-directive counseling, Title X providers “may provide a list of licensed, qualified, comprehensive primary health care providers[,] . . . some (but not the majority) of which may provide abortion in addition to comprehensive primary care,” and abortion referrals are permitted in cases of an “emergency,” such as for an “ectopic pregnancy.” *Id.* at 7716, 7789.

preliminary injunction are rife with concerns over the Rule's impact on access to abortion. For example, Plaintiffs make the following complaints.

- The Rule would prohibit Title X programs from providing “information to pregnant patients about their legal options including abortion, for those who desire it.” Pl. States’ Mot. for Prelim. Inj. at 2, *Oregon v. Azar*, No. 19-317 (D. Or. Mar. 21, 2019), ECF No. 35 [hereinafter Or. Prelim. Inj. Mot.].
- “[T]he Rule would impair and delay access to high quality contraceptive care and abortion care.” *Id.* at 7.
- The Rule would “place women at greater risk of harm from abortions at later gestational ages or from unwanted pregnancies.” *Id.* at 7–8.
- The Rule’s counseling requirement “will erect a barrier to accessing abortion care.” *Id.* at 15.
- The Rule “impedes timely access to [abortion] services.” *Id.*
- The Rule’s counseling and referral requirements would “delay access to abortion care for those seeking that care.” *Id.*
- The Rule does not consider “the costs associated with . . . delays in receiving abortion services.” *Id.* at 27.
- The Rule’s separation requirements “will have consequences on all aspects of reproductive health for low-income clients, from access to contraception and abortion to screening and treatment for sexually transmitted infections.” *Id.* at 29.
- The Rule “will lead to less informed decision-making about . . . abortion.” *Id.* at 38.
- The Rule’s counseling and referrals requirements will result in “delays and disruptions in [abortion] care.” Pls.’ Mot. for Prelim.

Inj. at 22, *Am. Med. Ass'n v. Azar*, No. 19-318 (D. Or. Mar. 21, 2019), ECF No. 42 [hereinafter AMA Prelim. Inj. Mot.].

- The Rule's separation requirements "will deprive patients of information about abortion and access to abortion." *Id.* at 35.
- The Rule's separation requirements will "imped[e] or delay[] [patients'] ability to obtain an abortion." *Id.*
- The Rule "is likely to result in delayed abortions." *Id.* at 43.

The Oregon district court's nation-wide preliminary injunction order picked up on Plaintiffs' concerns, explaining that there is a "strong argument" that "the Separation Requirement creates unreasonable barriers to Title X clients obtaining appropriate medical care and impedes their timely access to such care." Opinion & Order at 23–24, *Oregon*, No. 19-317 (Mar. 29, 2019), ECF No. 142 [hereinafter Or. Prelim. Inj. Order]. Since the Rule requires separation between Title X projects and abortion services, the so-called "medical care" that the court is concerned about access to is abortion. *See id.*

Plaintiffs' concerns about access to abortion reveal that the heart of Plaintiffs' legal challenge is really about access to abortion and coercing HHS to permit abortion services within Title X projects, despite and contrary to Congress' statutory prohibition. The remedy Plaintiffs seek is an injunction against the Rule so they can continue to receive Title X

funds (which are prohibited from going to abortion) while still providing abortions in the same physical location as their Title X services and direct abortion referrals within their Title X projects.

But any consideration of access to abortion should carry no legal weight since Title X explicitly excludes abortion from the scope of its projects and funding and Plaintiffs did not raise a legal challenge based on an undue burden to a woman's abortion choice.<sup>4</sup> The latter is unsurprising considering that a woman's "right" to abortion neither includes a right to public funding for it, nor a third party's right to provide it. It is well established that "the Due Process Clauses generally confer no affirmative right to governmental aid, even where such aid may be necessary to secure life, liberty, or property interests of which the

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<sup>4</sup> While none of the Title X legal challenges in Washington, Oregon, and California currently before this Court raise an undue burden claim, Plaintiffs in the Maine Title X legal challenge did. AUL filed an *amicus* brief in the Maine district court, explaining that since the right to abortion does not include a right to provide abortion or a right to government funding for either abortion or non-abortion related services, it certainly does not include a right to Title X funding. See Brief Amicus Curiae of Ams. United for Life in Support of Defendants and in Opposition to Plaintiffs' Motion for Preliminary Injunction, *Family Planning Ass'n of Me. v. U.S. Dep't of Health & Hum. Servs.*, No. 19-100 (D. Me. Apr. 17, 2019), ECF No. 54, <https://aul.org/wp-content/uploads/2019/04/AUL-Amicus-Brief.pdf>.

government itself may not deprive the individual.” *Webster v. Reprod. Health Servs.*, 492 U.S. 490, 507 (1989); *see also Regan v. Taxation with Representation of Wash.*, 461 U.S. 540, 549 (1983) (“[A] legislature’s decision not to subsidize the exercise of a fundamental right does not infringe the right.”). This includes abortion. “There is a basic difference between direct state interference with a protected activity and state encouragement of an alternative activity consonant with legislative policy.” *Maher v. Roe*, 432 U.S. 464, 475 (1977). That is why the Supreme Court has consistently upheld the power of federal and state governments to “make a value judgment favoring childbirth over abortion, and . . . implement that judgment by the allocation of public funds,” *Rust*, 500 U.S. at 192–93 (quoting *Maher*, 432 U.S. at 474). Both Title X and the Rule implement Congress’ “value judgment favoring childbirth over abortion.”

**C. If Plaintiffs leave Title X, it is because they are choosing abortion over Title X services.**

Plaintiffs’ preliminary injunction motions and the lower court’s preliminary injunction order make the bold claim that the Rule will force or drive out Plaintiffs and other Title X grantees from Title X. *See, e.g.*, Or. Prelim. Inj. Mot. at 8 (“[T]he Rule would force many providers,

including Planned Parenthood, and also, for example, community hospitals and clinics, to withdraw from the program and leave the States' residents at risk of losing access to health care altogether.”); *id.* at 29 (“The Final Rule . . . will drive providers out of the program.”); AMA Prelim. Inj. Mot. at 20 (Several state grantees “would be forced to leave the program. Other providers may well leave the program as well.”); *id.* at 33 (“[T]he Separation Requirement will force many Title X providers who engage in *any* abortion-related activities even with separate funds *outside* the Title X program—including referrals for abortion—to leave the Title X program.”).

First of all, underlying Plaintiffs' claim is the assumption that Plaintiffs and other Title X grantees will dogmatically choose abortion over their Title X services, despite the agreement by all parties that Title X provides vital services to communities. This outcome is far from certain. Moreover, HHS has made the determination that even if Plaintiffs do choose to leave Title X, other grantees will likely fill their place. *See* 84 Fed. Reg. at 7780; *cf. Obria Grp., Inc. v. U.S. Dep't of Health & Hum. Servs.*, No. 19-905 (C.D. Cal.) (suit by new grantee network of family planning service providers to enjoin prior Title X regulations

requiring abortion referrals so that it will be able to participate in Title X grant programs).

Second, the Rule does not force Plaintiffs out of Title X projects. Title X grantees who provide abortion services are not automatically excluded or eliminated from Title X. Rather, grantees simply must adhere to Title X project regulations, which under the Rules requires grantees to provide any abortion services physically and financially separate from their Title X projects and not give any directive abortion counseling or abortion referrals within their Title X programs. If Plaintiffs choose not to comply with the Rule's separation, counseling, and referrals requirements because they want to prioritize their abortion services over their Title X services, that is Plaintiffs' independent business decision and not the fault of the Rule.

Third, Plaintiffs are attempting to coerce HHS into changing its regulations by leveraging their Title X services. *See, e.g., Or. Prelim. Inj. Mot.* at 27 (“[T]he withdrawal of current providers from the program . . . will destabilize the Title X network.”); *AMA Prelim. Inj. Mot.* at 20–21 (The “exodus will have grave public health consequences. Forcing those providers out of the program will result in massive disruption and will



inevitably hurt patients by making it more difficult for them to obtain affordable, high-quality care.”); Or. Prelim. Inj. Order at 28 (“Planned Parenthood’s absence would create a vacuum for family planning services.). But threats to leave a federal program cannot be a basis to enjoin the Rule. Otherwise, a subset of grantees in a federal program could coerce an agency by threatening to leave until the agency changes its regulations to suit the grantees’ preferences. If grantees do not want to comply with the regulations, they are free to forego participation in government funded programs. *See Rust*, 500 U.S. at 199 n.5 (Title X grantees are “in no way compelled to operate a Title X project; to avoid the force of the regulations, [they] can simply decline the subsidy.”).

Moreover, Plaintiffs’ claim that they will have to shut down programs and clinics is revealing. *See, e.g., AMA Prelim. Inj. Mot.* at 21 (“[A]s entities like Planned Parenthood lose Title X funds, they will be forced to close clinics that serve a broad array of patients, including those eligible for Medicaid and others not receiving Title X services. That reduction in service will impede the ability of non-Title X patient to obtain high-quality reproductive health care.”); *id.* at 41 (“[A]s a direct result of the Final Rule, Planned Parenthood affiliates will have to close

health centers or reduce services and lay off clinicians and staff,” including up to six Planned Parenthood Wisconsin clinics and four Planned Parenthood South Atlantic clinics). It makes sense that if Plaintiffs choose to no longer receive Title X funds, they would have to stop providing Title X-funded services. What does not make sense is why Plaintiffs would have to stop receiving Title X funding in the first place. If their Title X projects or clinics do not provide prohibited abortion services, then they would not need to forego Title X funds. But if their Title X projects or clinics do provide prohibited abortion services, then to admit that they would have to shut down the entirety of those projects or clinics is to admit that Title X funds are used to support their abortion services. Otherwise, even if abortion services are offered in conjunction with Title X services, but not within a Title X project, there should be no need to stop the abortion services or close the clinic if they choose to leave Title X, *unless* the Title X funds are being used to support their abortion services.<sup>5</sup> Any claims of program and clinic closures that include services

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<sup>5</sup> For instance, plaintiffs in the Maine Title X legal challenge explicitly admitted in their preliminary injunction memorandum that regardless of whether or not Maine Family Planning (MFP) accepts Title X funds, 50% to 85% of the clinics providing abortion services in Maine will be

beyond Title X support HHS's rationale behind the Rule's separation, counseling, and referral requirements, and demonstrate why the Rule's regulations are necessary and beneficial and are in no way arbitrary or capricious.

In sum, the Rule does not force Plaintiffs out of Title X; if Plaintiffs do leave it is a result of their choice to favor abortion over Title X services.

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forced to stop providing abortion. Mem. in Supp. of Mot. for Prelim. Inj. at 32, *Family Planning Ass'n of Me.*, No. 19-100 (Mar. 25, 2019), ECF No. 17; *see also id.* at 1–2 (“[I]f MFP is forced to leave the Title X program, it will have to close more than half of its clinics entirely, causing thousands of women in Maine to lose access to *both* family planning services and abortion services.”); *id.* at 35 (indicating that if MFP does not implement the Rule, 11 to 15 rural clinics will close, and “eliminate both *abortion and* family planning services in those locations” (first emphasis added)). Assuming that MFP refuses to comply with the Rule and voluntarily foregoes Title X funding, their clinics offering abortion services would not have to close unless MFP uses Title X funds in some way to support their abortion services. Thus, by stating that its clinics will close without Title X funding, MFP voluntarily admits that—in blatant disregard of Title X's statutory prohibition—it uses Title X funds to directly support its abortion services.

Of note, the Maine plaintiffs withdrew their preliminary injunction motion after oral argument when the Washington district court issued its nationwide injunction order. *See* Notice of Withdrawal of Mot. for Prelim. Inj., *Family Planning Ass'n of Me.*, No. 19-100 (Apr. 26, 2019), ECF No. 65. Considering that the Washington district court order did not stop plaintiffs in any of the other Title X legal challenges from continuing with their motions for preliminary injunction, presumably the Maine plaintiffs were not confident that their preliminary injunction motion would also be successful, likely because of their blatant admission and weak arguments.

## CONCLUSION

The Court should reverse the preliminary injunction below.

Respectfully submitted,

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**CERTIFICATE OF COMPLIANCE WITH FEDERAL RULE OF APPELLATE PROCEDURE 32(A)**

I hereby certify, pursuant to Federal Rule of Appellate Procedure 32(a)(5) and (6) because it has been prepared in 14-point Century Schoolbook, a proportionally spaced font.

I further certify that this brief complies with the type-volume limitation of Federal Rule of Appellate Procedure 32(a)(7)(B) and Ninth Circuit Rule 32-1 because it contains 3,164 words, according to the count of Microsoft Word.

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## CERTIFICATE OF SERVICE

I hereby certify that on June 7, 2019, I electronically filed the foregoing brief with the Clerk of the Court for the United States Court of Appeals for the Ninth Circuit through the CM/ECF system, which shall send notification of such filing to any CM/ECF participants.

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