

No. 26-30203

**UNITED STATES COURT OF APPEALS
FOR THE FIFTH CIRCUIT**

STATE OF LOUISIANA, by & through its Attorney General, Liz Murrill;
ROSALIE MARKEZICH,

Plaintiffs-Appellants/Cross-Appellees,

v.

FOOD & DRUG ADMINISTRATION; KYLE DIAMANTAS, Acting Commissioner, U.S.
Food and Drug Administration; MICHAEL DAVIS, in his official capacity as Acting
Director, Center for Drug Evaluation & Research, U S Food & Drug
Administration; UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES;
ROBERT F. KENNEDY, JR., Secretary, U.S. Department of Health and Human
Services,

Defendants-Appellees,

GENBIOPRO, INCORPORATED;

Intervenor-Appellee/Cross-Appellant,

v.

DANCO LABORATORIES, L.L.C.,

Intervenor-Appellee/Cross-Appellant.

Appeal from the U.S. District Court for the Western District of Louisiana,
No. 6:25-CV-1491, Hon. David Cleveland Joseph

**BRIEF OF 159 PROFESSORS, HEALTH ORGANIZATIONS, AND
HEALTH CARE PROVIDERS AS AMICI CURIAE IN SUPPORT OF
APPELLEES**

Counsel listed on inside cover

JULY 22, 2026

JAMIE A. LEVITT
MORRISON & FOERSTER LLP
250 West 55th Street
New York, NY 10019

MEGAN E. BAFFARO
MORRISON & FOERSTER LLP
John Hancock Tower
200 Clarendon Street, Floor 21
Boston, MA 02116

CARMEL DORI SHACHAR
CENTER FOR HEALTH LAW AND
POLICY INNOVATION
HARVARD LAW SCHOOL
1585 Massachusetts Avenue
Cambridge, MA 02138

JOSEPH R. PALMORE
ELAINE HOU
MORRISON & FOERSTER LLP
2100 L Street NW, Suite 900
Washington, D.C. 20037
(202) 887-6940
JPalmore@mofo.com

DARALYN J. DURIE
MORRISON & FOERSTER LLP
425 Market Street
San Francisco, CA 94105

Counsel for Amici Curiae

SUPPLEMENTAL STATEMENT OF INTERESTED PARTIES

State of Louisiana v. FDA, No. 26-30203 (5th Cir.)

The undersigned counsel of record certifies that the following listed persons and entities as described in the fourth sentence of Rule 28.2.1, in addition to those already listed in the parties' briefs, have an interest in the outcome of this case. These representations are made in order that the judges of this court may evaluate possible disqualification or recusal.

Amici Curiae:

Carmel Shachar
AIDS Vaccine Advocacy Coalition
Network for Public Health Law
New York Academy of Medicine
Nixon Law Group, PLLC
Paul S. Appelbaum, MD
Vamsi Aribindi, MD
Carrie Atzinger
Lela Bachrach, MD, MS
Carrie N. Baker, JD, Ph.D.
John R. Balmes, MD
Alison Barkoff, JD
Michele Barry, MD, FACP
Julia Zoë Beckerman, JD, MPH
Suzanne O. Bell, Ph.D., MPH
Michelle Berlin, MD, MPH
Caitlin Bernard, MD, MSCI, FACOG
Karin J. Blakemore, MD
Eileen Boris
Benjamin P. Brown, MD, MS
Alison Brysk

Scott Burris
Claudia M. Calhoon, DPH, MPH
Lara Cartwright-Smith, JD, MPH
Maria Casoni, MSL, MPH
Paula M. Castaño, MD, MPH
G. Thomas Chandler, Ph.D., MS
R. Alta Charo
Wendy Chavkin, MD, MPH
Jack A. Clark
Marsha Cohen
Alyssa Colwill, MD, MCR
Allyson Crays, JD
Mitchell D. Creinin, MD
Mark R. Cullen, MD
Kelly Culwell, MD, MPH
Blair G. Darney, Ph.D., MPH
Anne Davis, MD
Natalia Deeb-Sossa, Ph.D.
Linda C. Degutis, DrPH, MSN
Karen Dionesotes, MD, MPH
Elizabeth Arend Dutta, DrPH, MPH

Alison Edelman, MD, MPH
David L. Eisenberg, MD, MPH,
FACOG
Eve Espey, MD, MPH
Susan Ettner
Robert I. Field, JD, MPH, Ph.D.
Jacqueline Fox, JD, LL.M.
Leslie Pickering Francis, Ph.D., JD
Lynn P. Freedman, JD, MPH
Lance Gable
Stacie Geller
Sherril Gelmon
Elizabeth Geltman, JD, LL.M.
Kelly K. Gillespie
Leonard H. Glantz, JD
Barbara Glickstein, MPH, MA, RN
Sherry Glied, Ph.D.
Randy Goldberg, MD, MPH, FACP,
FHM
Michele Bratcher Goodwin, JD,
LL.M., SJD
Christine Hackman, Ph.D.
Amy R. Harrington, MD
Janet Heinrich, DrPH, RN
Jennifer L. Herbst
Laura Hermer
Stephanie Herold, MPH
Aaron R. Hoffman, DO, MPH
Sharona Hoffman
Diane E. Hoffmann
Timothy H. Holtz, MD, MPH, FACP,
FACPM, RDML (ret) US PHS
Sarah Hooper, JD
Melody Y. Hou, MD, MPH
Nicole Huberfeld

Peter D. Jacobson, JD, MPH
Jeffrey T. Jensen, MD, MPH
Dana M. Johnson
Heidi E. Jones, Ph.D., MPH
Timothy Stoltzfus Jost
Sapna Kalsy, MD, MPH
Leslie M. Kantor, Ph.D., MPH
Farzana Kapadia
Nancy L. Keating, MD, MPH
Amar Kelkar, MD, MPH
Stacie Kershner, JD
Louise P. King, MD, JD
Sarah G. Kirshner, MD
Renée M. Landers
Valerie J. Lang, MD, MHPE
Paula M. Lantz, Ph.D., MS
Jeffrey Levi, Ph.D.
Ophra Leyser-Whalen, Ph.D.
Audrey Lyndon, Ph.D., RN, FAAN
Manya Magnus, Ph.D., MPH
Emily Mallin, MD
Maya Manian
Jyothi Marbin, MD
Anne Rossier Markus
Carmen J. Marsit, Ph.D.
Diana J. Mason, Ph.D., RN, FAAN
Lois McCloskey, DrPH
Allison L. McDonough, MD,
DipABLM
Terry McGovern
Ateev Mehrotra, MD
Benjamin M. Meier
John T. Monahan
Jill C. Morrison
Jack Needleman, Ph.D.

Hillary Nelson, Ph.D., MPH
Lauren Hersch Nicholas
Laury Oaks
Jonathan Oberlander, Ph.D.
Wendy Parmet
A.R. Pebley
Rachel Perry, MD, MPH
Mark A. Peterson
Tonia Poteat, Ph.D., MPH, PA-C
Sarah Prager
Laura Punnett, Sc.D.
Tara Adams Ragone, JD
Holly Rankin, MD
Radhika Rao
Marsha Regenstein
Dorit R. Reiss
Shannon Rempe, JD, MPH
Richard K. Riegelman, MD, MPH,
Ph.D.
Eve Rittenberg, MD
Christopher T. Robertson
Roger Rochat
Deborah Rogow, MPH
Sara Rosenbaum, JD
Beth Rosenberg, Sc.D., MPH
Ani Satz
Nadia N. Sawicki
Magda Schaler-Haynes, JD, MPH

Cason D. Schmit, JD
Randi Seigel
Paul R. Shafer, Ph.D.
Michael S. Sinha, MD, JD, MPH
Daniel Skinner, Ph.D.
Patty Skuster, JD, MPP
Craig Slatin, Sc.D., MPH
Jacqueline Marks Smith
Andréa Sonenberg, Ph.D., CNM-BC,
FNYAM, FAAN, FNAP
John Swartzberg, MD
Kristin A. Swedish, MD, MPH,
FACP, MSCP
Julia Tasset, MD, MPH
Debra Teplin, PA
Marie Thoma, Ph.D.
Seth Trueger, MD, MPH, FACEP
Amy O. Tsui, Ph.D.
Liza Vertinsky
David Vlahov, Ph.D., RN
Mitchell Warren
Sidney D. Watson
Lois A. Weithorn, Ph.D., JD
Timothy M. Westmoreland
Peter J. Winch
Katherine L. Wisner, MD, MS
Heather A. Young, Ph.D., MPH

Counsel for Amici Curiae:

Joseph R. Palmore
Daralyn J. Durie
Jamie A. Levitt

Megan E. Baffaro
Elaine Hou
MORRISON & FOERSTER LLP

Carmel Dori Shachar
CENTER FOR HEALTH LAW AND POLICY INNOVATION, HARVARD LAW SCHOOL

Dated: July 22, 2026

/s/ Joseph R. Palmore

Joseph R. Palmore

Counsel for Amici Curiae

TABLE OF CONTENTS

SUPPLEMENTAL STATEMENT OF INTERESTED PARTIES	i
TABLE OF AUTHORITIES	vi
IDENTITY AND INTEREST OF AMICI CURIAE	1
INTRODUCTION AND SUMMARY OF ARGUMENT	2
ARGUMENT	4
I. TELEHEALTH IS AN INCREASINGLY POPULAR AND CRITICAL TOOL FOR PATIENT CARE	4
A. Telehealth Is A Crucial Tool For Delivering A Wide Variety Of Medical Services	5
B. Telehealth Dramatically Improves Access To Health Care	11
C. Americans and American Institutions Embrace Telehealth	15
II. TELEHEALTH IS HELD TO THE SAME STANDARDS AND DELIVERS THE SAME—AND IN SOME CIRCUMSTANCES, BETTER—QUALITY OF CARE AS IN-PERSON SERVICES	19
A. Telehealth Delivers The Same Quality-of-Care As In-Person Services	19
B. Telehealth Meets The Same Ethical And Professional Standards As In-Person Medicine	21
C. Patients Form Valuable Relationships With Providers Via Telehealth, Improving Health Outcomes	22
D. Medical Professionals And Patients Are Best Equipped To Decide Whether To Use Telehealth	25
CONCLUSION	26
ADDENDUM	

TABLE OF AUTHORITIES

Statutes

Consolidated Appropriations Act, 2026, PUB. L. NO. 119-75, 140 Stat. 173	10, 17
SUPPORT for Patients and Communities Act, PUB. L. NO. 115-271, 132 Stat. 3894 (2018).....	17
VA MISSION Act of 2018, PUB. L. NO. 115-182, 132 Stat. 1393 (2018).....	18

Regulations

<i>Fourth Temporary Extension of COVID-19 Telemedicine Flexibilities for Prescription of Controlled Medications,</i> 90 Fed. Reg. 61301 (Dec. 31, 2025).....	17, 18
<i>Promoting Telehealth in Rural America,</i> 89 Fed. Reg. 1834 (Jan. 11, 2024).....	17

Other Authorities

<i>About Chronic Diseases, CDC (May 14, 2026)</i>	9
Arwa N. Alakeel et al., <i>The Impact of Telehealth Adoption on Patient Outcomes: A Systematic Review,</i> 17 CUREUS e94328 (2025).....	20
Hameeda Almuslim & Sharifah AlDossary, <i>Models of Incorporating Telehealth into Obstetric Care During the COVID-19 Pandemic, Its Benefits And Barriers: A Scoping Review,</i> 28 TELEMED & E-HEALTH 24 (2022)	6
Am. Soc'y of Addiction Med., <i>Telehealth Policy & Addiction Medicine (2022)</i>	17
Isabella Backman, <i>Telehealth Is Just as Effective as In-person Care, Study Finds, YALE SCH. OF MED. (Oct. 23, 2024)</i>	10, 11

William Barbosa et al., <i>Improving Access to Care: Telemedicine Across Medical Domains</i> , 42 ANN. REV. PUB. HEALTH 463 (2021)	4, 5
Kevin Bennett et al., <i>Why Rural Hospitals Are Facing a Funding Crisis-and How It Could Get Worse</i> , COMMONWEALTH FUND (Feb. 9, 2026)	12, 13
<i>Best practice guides</i> , TELEHEALTH.HHS.GOV	16
Bethany Bruno et al., <i>Virtual prenatal visits associated with high measures of patient experience and satisfaction among average-risk patients: a prospective cohort study</i> , 23 BMC PREGNANCY & CHILDBIRTH 234 (2023)	7
Danielle Chaet et al., <i>Ethical practice in Telehealth and Telemedicine</i> , 32 J. GEN. INTERN MED. 1136 (2017)	22
Rachel Conrad, <i>A Call for Change: Removing Barriers to Telehealth Mental Health Treatment for College Students</i> (2024)	8, 9
Cathy Cruise, <i>Overview of Telehealth in the Department of Veterans Affairs</i> , 34 AM. J. AUDIOL 781 (2025)	18, 19
<i>Cultivating trust and building relationships during a telehealth visit</i> , TELEHEALTH.HHS.GOV	23
Hilary Daniel & Lois Synder Sulmasy, Position Paper, <i>Policy Recommendations to Guide the Use of Telemedicine in Primary Care Settings: An American College of Physicians Position Paper</i> , 163 ANN INTERN MED. 787 (2015)	22
Marnie J. Meylor de Mooij et al., <i>OB Nest: Reimagining Low-Risk Prenatal Care</i> , 93 MAYO CLIN PROCS. 458 (2018)	7
Bart M. Demaerschalk et al., <i>Assessment of Clinician Diagnostic Concordance With Video Telemedicine in the Integrated Multispecialty Practice at Mayo Clinic During the Beginning of COVID-19 Pandemic From March to June 2020</i> , 5 JAMA NETW OPEN e2229958 (2022)	20

Rajnish Dhediya et al., <i>Role of Telemedicine in Diabetes Management</i> , 17 J. DIABETES SCI. & TECH. 775 (2023)	9, 10
<i>Distance Learning & Telemedicine Grants</i> , U.S. DEP'T OF AGRICULTURE	17
E. Ray Dorsey & Eric J. Topol, <i>State of Telehealth</i> , 375 NEJM 154 (2016), 2016 WLNR 21439651	4
Nathan Douthit et al., <i>Exposing some important barriers to health care access in the rural USA</i> , 129 PUB. HEALTH 611 (2015)	12
Brendan Drerup et al., <i>Reduced No-Show Rates and Sustained Patient Satisfaction of Telehealth During the COVID-19 Pandemic</i> , 27 TELEMED & E-HEALTH 1409 (2021)	16
Jamie Ducharme, <i>Does Text Therapy Really Work?</i> , TIME (Sept. 3, 2024, at 10:24 ET)	24
Beth Duff-Brown, <i>Optimizing the telehealth experience could benefit patient, physician</i> , STANFORD MED. NEWS CTR. (Dec. 6, 2024)	23
Lisa V. Duffy et al., <i>Therapeutic Relational Connection in Telehealth: Concept Analysis</i> , 25 J. MED. INTERNET RSCH. e43303 (2023)	24
Tania Elliott et al., <i>Beyond Convenience: Patients' Perceptions of Physician Interactional Skills and Compassion via Telemedicine</i> , 4 MAYO CLIN PROCS.: INNOV, QUAL & OUTCOMES 305 (2020)	24
Victor C. Ezeamii, <i>Revolutionizing Healthcare: How Telemedicine Is Improving Patient Outcomes and Expanding Access to Care</i> , 16 CUREUS e63881 (2024)	20
Fed'n of State Med. Bds. Workgroup on Telemedicine, <i>The Appropriate Use of Telemedicine Technologies in the Practice of Medicine</i> (2022)	21

Daniel L. Friesner et al., <i>Do remote community telepharmacies have higher medication error rates than traditional community pharmacies? Evidence from the North Dakota Telepharmacy Project</i> , 51 J. AM. PHARM ASS'N 580 (2011)	20
Kimberly Fryer et al., <i>Implementation of Obstetric Telehealth During COVID-19 and Beyond</i> , 24 MATERN & CHILD HEALTH J. 1104 (2020)	6
Amen Galinato, <i>More than 25% of Gen Z patients don't have doctors. Experts weigh in on the cost of skipping care</i> , CNN (July 14, 2026, at 12:07 ET)	7
R. Turner Goins et al., <i>Perceived Barriers to Health Care Access Among Rural Older Adults: A Qualitative Study</i> , 21 J. RURAL HEALTH 206 (2005)	12
Joseph A. Greer et al., <i>Telehealth vs In-Person Early Palliative Care for Patients With Advanced Lung Cancer</i> , 332 JAMA 1153 (2024)	11
Susan S. Gustke et al., <i>Patient Satisfaction with Telemedicine</i> , 6 TELEMED. & E-HEALTH 5 (2000)	15
Edward Haderl, Howard Gitlow & Kevyan Nouri, <i>Definitions, survey methods, and findings of patient satisfaction studies in teledermatology: a systematic review</i> , 313 ARCH DERMATOL RSCH. 205 (2020)	24
Nicole L. Hadler et al., <i>College Student Perspectives of Telemental Health: a Review of the Recent Literature</i> , 23 CURR PSYCHIATRY REPS. 6 (2021)	9
Zachary Hahn et al., <i>Travel Burden as a Measure of Healthcare Access and the Impact of Telehealth within the Veterans Health Administration</i> , 38 J. GEN. INTERN MED. 805 (2023)	13, 14

Lindsey R. Hammerslag et al., <i>Telemedicine Buprenorphine Initiation and Retention in Opioid Use Disorder Treatment for Medicaid Enrollees</i> , 6 JAMA NETW OPEN e2336914 (2023).....	21
Shira Peleg Hasson et al., <i>Rapid Implementation of Telemedicine During the COVID-19 Pandemic: Perspectives and Preferences of Patients with Cancer</i> , 26 ONCOLOGIST e679 (2021)	16
Elham Hatef et al., <i>Effectiveness of telehealth versus in-person care during the COVID-19 pandemic: a systematic review</i> , 7 NPJ DIGIT. MED. 157 (2024).....	16, 20
Tanya Albert Henry, <i>Medical boards get guidance on setting rules for telemedicine</i> , AM. MED. ASS'N (June 13, 2022).....	23
Tanya Albert Henry, <i>Medicare telehealth coverage renewed for two years</i> , AM. MED. ASS'N (Feb. 24, 2026).....	7, 20
Tanya Albert Henry, <i>New data details how telehealth use varies by physician specialty</i> , AM. MED. ASS'N (Dec. 8, 2025)	5
Samhita M. Ilagno et al., <i>Gaps in Care Among Adolescents and Young Adults in the U.S.</i> , 69 AM. J. PREV MED. 107957 (2025).....	7, 8
Syed N. Imam et al., <i>Evolution of Telehealth-Its Impact on Palliative Care and Medication Management</i> , 12 PHARM 61 (2023)	11
Mireille Jacobson & R. Sean Morrison, <i>Palliative Care Works, So Why Is It Rarely Used? Follow the Money</i> , USC SCHAEFFER (Mar. 24, 2021)	10
Saif Khairat et al., <i>Effectiveness of Telehealth Versus In-Person Informed Consent: Randomized Study of Comprehension and Decision-Making</i> , 27 J. MED. INTERNET RSCH. e63473 (2025).....	22

Maren Leiz et al., <i>Telemedicine as a Tool to Improve Medicine Adherence in Patients with Affective Disorders - A Systematic Literature Review</i> , 16 PATIENT PREFER & ADHERENCE 3441 (2022)	20
<i>The Long Road to Care: Patient With Rare Cancer Pleads for Cross-State Telehealth Access</i> , JOHNS HOPKINS MED. NEWSROOM (Aug. 25, 2025)	15
Stina Lou et al., <i>Experiences and expectations in the first trimester of pregnancy: a qualitative study</i> , 20 HEALTH EXPECT 1320 (2017)	6
Amy Lu et al., <i>A Systematic Review of Physical Examination Components Adapted for Telemedicine</i> , 28 TELEMED & E-HEALTH 1764 (2022)	19
Jennifer Lubell, <i>How telehealth drives care improvement and saves money</i> , AM. MED. ASS'N (Jan. 22, 2026)	23
Hillary D. Lum et al., <i>Anywhere to Anywhere: Use of Telehealth to Increase Health Care Access for Older, Rural Veterans</i> , 30 PUB. POL'Y & AGING RPT. 12 (2020)	14
<i>Majority of Patients Feel They Don't Have Enough Time With Physician</i> , MED. PROFS. REFERENCE (Feb. 12, 2018)	23
Gwen McMillian, <i>VA Telehealth brings care directly to Veterans</i> , VA NEWS (Sept. 14, 2025)	18
Ateev Mehrotra & Barak Richman, <i>A Cancer Patient's Brutal Commute</i> , WALL ST. J. (July 12, 2021, at 18:40 ET)	12
Lawrence Murphy et al., <i>Client Satisfaction and Outcome Comparisons of Online and Face-to-Face Counselling Methods</i> , 39 BRIT. J. SOC. WORK 627 (2009)	24
Ursula S. Myers et al., <i>Flattening the Curve by Getting Ahead of It: How the VA Healthcare System Is Leveraging Telehealth to Provide Continued Access to Care for Rural Veterans</i> , 37 J. RURAL HEALTH 194 (2021)	18

Amanda Nguyen, <i>Mapping Healthcare Deserts: Over 80% of the Country Still Lacks Adequate Access to Healthcare</i> , CAL. P'SHIP FOR ACCESS TO TREATMENT (Aug. 13, 2025)	11
Oliver T. Nguyen et al., <i>Impact of Asynchronous Electronic Communication-Based Visits on Clinical Outcomes and Health Care Delivery: Systematic Review</i> , 23 J. MED. INTERNET RSCH. e27531 (2021)	4
Nicole J. Ploog et al., <i>Outpatient visit modality and parallel patient satisfaction: A multi-site cohort analysis of telemedicine and in-person visits during the COVID-19 pandemic</i> , 9 PATIENT EXP J. 93 (2022)	16
Jennifer M. Polinski et al., <i>Patients' Satisfaction with and Preference for Telehealth Visits</i> , 31 J. GEN. INTERN MED. 269 (2015)	15
<i>Prescribing controlled substances via telehealth</i> , TELEHEALTH.HHS.GOV	18
Talish Razi et al., <i>Patient Satisfaction with Telehealth Services in Primary Care</i> , 30 TELEMED & E-HEALTH 2704 (2024)	16
Mary Reed et al., <i>Treatment and Follow-up Care Associated With Patient-Scheduled Primary Care Telemedicine and In-Person Visits in a Large Integrated Health System</i> , 4 JAMA NETW OPEN e2132793 (2022)	20
Linda Searing, <i>A pandemic legacy: Majority of mental health appointments stay remote</i> , WASH. POST (Feb. 12, 2024)	9
Michaela Senek et al., <i>Impact of Digital Health on Patient-Provider Relationships in Respiratory Secondary Care Based on Qualitative and Quantitative Evidence: Systematic Review</i> , 27 J. MED. INTERNET RSCH. e70790 (2025)	23
Susan G. Simpson & Corinne L. Reid, <i>Therapeutic alliance in videoconferencing psychotherapy: A review</i> , 22 AUST J. RURAL HEALTH 280 (2014)	24

Bill Siwicki, <i>Medicare's continued support for telemedicine signals stability, legitimacy</i> , HEALTHCARE IT NEWS (Mar. 2, 2026, at 11:29 ET)	10
Eric M. Spaulding et al., <i>Prevalence and Disparities in Telehealth Use Among US Adults Following the COVID-19 Pandemic: National Cross-Section Survey</i> , 26 J. MED. INTERNET RSCH. e52124 (2024).....	5
<i>Telehealth</i> , U.S. DEP'T. OF HEALTH & HUM. SERVS.	2
<i>Telehealth Interventions to Improve Chronic Disease</i> , CDC (May 15, 2024)	20
Ainslie Tisdale et al., <i>The IDeaS initiative: pilot study to assess the impact of rare diseases on patients and healthcare systems</i> , 16 ORPHANET J. RARE DIS 429 (2021)	14, 15
Ushma D. Upadhyay, <i>Effectiveness and safety of telehealth medication abortion in the USA</i> , 30 NAT MED. 1191 (2024)	3
<i>Veteran satisfaction and trust in VA telehealth continues to rise</i> , VA NEWS (Apr. 21, 2025)	18
Eric L. Wan et al., <i>Commentary, Zebras Among Us: Advocating for the 30 Million Americans Living with Rare Disease</i> , 15 MED. SCI. EDUC 1239 (2023)	15
Lulu Wang et al., <i>Telehealth Clinical Appropriateness and Quality</i> , 4.1 TELEMED. REPS. 87 (2023)	24
Liane Wardlow, Carly Roberts & Laurie Archbald-Pannone, <i>Perceptions and Uses of Telehealth in the Care of Older Adults</i> , 29 TELEMED & E-HEALTH 1143 (2023)	10
Andrew D. Wilcock et al., <i>Use of Telemedicine and Quality of Care Among Medicare Enrollees with Serious Mental Illness</i> , JAMA HEALTH F., Oct. 2023	9

Colleen L. Wood et al., <i>Use of Telemedicine to Improve Adherence to American Diabetes Association Standards in Pediatric Type 1 Diabetes</i> , 18 DIABETES TECH. & THER 7 (2016).....	13
Peter Yao et al., <i>A scoping review of the unassisted physical exam conducted over synchronous audio-video telemedicine</i> , 11 SYST REVS. 219 (2022)	19
Kun Zhang et al., <i>Impact of telemedicine on chronic disease patients: an overview of systematic reviews</i> , 6 INTEL. MED. 226 (2025)	9, 10
Noelia M. Zork et al., <i>Conversion and optimization of telehealth in obstetric care during the COVID-19 pandemic</i> , 44 SEMIN PERINATOL 151300 (2020).....	5

IDENTITY AND INTEREST OF AMICI CURIAE¹

Amici are professors of law, health sciences, health policy, public policy, epidemiology, sociology, bioethics, and medicine; they are physicians, providers, counselors, and researchers; they are leaders and organizations in medicine and public health.² Amici are united in the view that telehealth is a valuable tool that improves patients' access to health care services and promotes better health outcomes. Amici also agree that telehealth enables people to access high-quality care with safety and efficacy on par with in-person care.

This brief explains the extensive benefits of telehealth and encourages the Court to consider the negative effects that a ruling imposing medically unnecessary restrictions on the ability to access a particular kind of care via telehealth may have on telehealth services broadly. Imposing further barriers to telehealth would hamper patients' ability to obtain necessary health care services, reduce access to care, and worsen health outcomes for Americans of every age and across the country.

¹ This brief is submitted under Federal Rule of Appellate Procedure 29(a) with the consent of all parties. Counsel for amici curiae certify that this brief was not authored in whole or part by counsel for any of the parties and that no person other than amici or its counsel made a monetary contribution in its preparation or submission.

² A full list of amici can be found in the Addendum.

INTRODUCTION AND SUMMARY OF ARGUMENT

Telehealth is “the use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, and public health and health administration.”³ These technologies include “videoconferencing, the internet, store-and-forward imaging, streaming media, and landline and wireless communications.”⁴

Millions of Americans of all ages and in all communities use telehealth for diverse health needs, from pregnancy to palliative care. Telehealth has many benefits. Most fundamentally, it makes health care services more accessible for patients, removing the burden and expense of travel. Telehealth allows patients in remote and rural areas lacking adequate providers or pharmacies to see a provider, consult a specialist, and obtain medication; it helps parents of small children seek care without needing to find childcare or miss work; and for patients with rare diseases, it opens the door to accessing specialists across the globe. Indeed, telehealth makes it possible for many people to secure care they otherwise would not receive. For many kinds of routine and specialized services, health care provided via telehealth is as safe and as good as in-person services—and in some instances,

³ *Telehealth*, U.S. DEP’T. OF HEALTH & HUM. SERVS., <https://www.hhs.gov/hipaa/for-professionals/faq/telehealth/index.html> (last visited July 21, 2026).

⁴ *Id.*

even *better*. During the COVID-19 pandemic, millions of Americans received health care through telehealth. After the pandemic, telehealth rates have remained high, and it has become a popular and accepted way to deliver care in virtually all specialties.

Telehealth has proven vital in expanding access to critical health care for Americans. The use of telehealth for reproductive health care is no different.⁵ A ruling that limits the use of telehealth by requiring patients to come in person to pick up medication that an experienced medical professional has already deemed safe, effective, and clinically appropriate to prescribe following a telehealth consultation would undermine the standing of telehealth services more generally and harm the patients who have come to rely on them.

This Court should bear in mind the critical importance of telehealth and view with skepticism any suggestion that there is something suspect about care delivered that way—the weight of academic authority, practitioners’ lived experiences, and public opinion all prove otherwise.

⁵ Ushma D. Upadhyay, *Effectiveness and safety of telehealth medication abortion in the USA*, 30 NAT MED. 1191, 1192–93 (2024), <https://doi.org/10.1038/s41591-024-02834-w>.

ARGUMENT

I. TELEHEALTH IS AN INCREASINGLY POPULAR AND CRITICAL TOOL FOR PATIENT CARE

Long before the COVID-19 pandemic, health care providers realized telehealth's potential. In 1999, for example, practitioners began to provide time-sensitive therapies remotely to stroke patients.⁶ Telehealth became increasingly popular as technological and medical innovations empowered patients and providers to respond promptly to urgent conditions.⁷ For example, through patient video assessments and improved brain imaging data, remote stroke specialists can reach patients hundreds of miles away to determine if a patient requires surgical intervention or intravenous treatment.⁸ Improvements in video communications and medical equipment allow postpartum evaluations, such as cesarean scar exams and

⁶ E. Ray Dorsey & Eric J. Topol, *State of Telehealth*, 375 NEJM 154, 154 (2016), 2016 WLNR 21439651.

⁷ Oliver T. Nguyen et al., *Impact of Asynchronous Electronic Communication-Based Visits on Clinical Outcomes and Health Care Delivery: Systematic Review*, 23 J. MED. INTERNET RSCH. e27531 (2021), <https://doi.org/10.2196/27531>.

⁸ William Barbosa et al., *Improving Access to Care: Telemedicine Across Medical Domains*, 42 ANN. REV. PUB. HEALTH 463, 467–68 (2021), <https://doi.org/10.1146/annurev-publhealth-090519-093711>.

six-week postpartum visits, to be conducted through telehealth.⁹ Between 2005 and 2017, patient use of telehealth grew an estimated 45 to 61% each year.¹⁰

Since the pandemic, the use of telehealth has accelerated rapidly. As of 2022, roughly 39% of U.S. adults reported using telehealth in the previous year, with use rates “similar across age, race or ethnicity, income” and location.¹¹ In 2024, more than 71% of physicians reported using telehealth in their practice weekly—up from about 25% in 2018.¹² Medicare now covers a host of telehealth services, from cardiac rehabilitation to diabetes management to delivering care to America’s veterans. In short, telehealth has become a bedrock of American health care.

A. Telehealth Is A Crucial Tool For Delivering A Wide Variety Of Medical Services

Research and experience have shown the many ways in which telehealth is indispensable to patient care across all ages and medical needs.

⁹ Noelia M. Zork et al., *Conversion and optimization of telehealth in obstetric care during the COVID-19 pandemic*, 44 SEMIN PERINATOL 151300 (2020), <https://doi.org/10.1016/j.sempri.2020.151300>.

¹⁰ Barbosa et al, *supra*, at 464.

¹¹ Eric M. Spaulding et al., *Prevalence and Disparities in Telehealth Use Among US Adults Following the COVID-19 Pandemic: National Cross-Section Survey*, 26 J. MED. INTERNET RSCH. e52124 (2024), <https://doi.org/10.2196/52124>.

¹² Tanya Albert Henry, *New data details how telehealth use varies by physician specialty*, AM. MED. ASS’N (Dec. 8, 2025), <https://www.ama-assn.org/practice-management/digital-health/new-data-details-how-telehealth-use-varies-physician-specialty>.

PREGNANCY. Pregnant women require continuous prenatal care. Health organizations typically recommend around 14 prenatal care visits per pregnancy.¹³ Many women struggle to get this care due to “problems with scheduling timely appointments, clinic location[s] or hours that are inconvenient, shortages of prenatal care providers and cost.”¹⁴ Virtual prenatal care helps to address these barriers. Likewise, it helps to address the same concerns for postnatal care. Telehealth options minimize travel—and the need for back-up childcare or time away from work.¹⁵ Telehealth also improves appointment attendance rates and results in greater continuity of care, helping to ensure healthy and successful pregnancies.¹⁶ Virtual

¹³ See Kimberly Fryer et al., *Implementation of Obstetric Telehealth During COVID-19 and Beyond*, 24 MATERN & CHILD HEALTH J. 1104, 1105 (2020), <https://doi.org/10.1007/s10995-020-02967-7>.

¹⁴ *Id.* at 1106.

¹⁵ Particularly during early stages of pregnancy, women may not want to announce their pregnancy to their employers or family members given the higher risk of miscarriage. Stina Lou et al., *Experiences and expectations in the first trimester of pregnancy: a qualitative study*, 20 HEALTH EXPECT 1320, 1323 (2017), <https://doi.org/10.1111/hex.12572>. Virtual appointments allow women to seek care discreetly during the first trimester of pregnancy.

¹⁶ Fryer et al., *supra*, at 1109; Hameeda Almuslim & Sharifah AlDossary, *Models of Incorporating Telehealth into Obstetric Care During the COVID-19 Pandemic, Its Benefits And Barriers: A Scoping Review*, 28 TELEMED & E-HEALTH 24, 29 (2022), <https://doi.org/10.1089/tmj.2020.0553>. While some services, such as ultrasounds, cannot be provided via telehealth, many can be administered virtually. “OB Nest” is a new model of primarily virtual care for women experiencing low-risk pregnancies that shows the extent to which high-quality prenatal care can be rendered virtually. It provides women with blood pressure and fetal heart rate monitors, a digital application providing a direct line of communication with their care team, and an online community for pregnant women to share their experiences.

pregnancy-related visits are growing in popularity. In one study, the vast majority of participants rated virtual visits “as good as [] in-person” or “better than in-person,” with most participants concluding that virtual care “saved time and made it easy to get care.”¹⁷ Telehealth services can also result in better outcomes for patients. For example, the American Medical Association recently reported that remote patient monitoring for prenatal care results in a *20% reduction in preterm births* and saves three in-person visits per patient on average.¹⁸

YOUNG ADULTS. More than 1 in 4 young adults do not have a primary care provider,¹⁹ and 1 in 5 young adults (aged 19 through 25) go over a year without seeing a health care provider.²⁰ These lapses can happen as adolescents move to

See Marnie J. Meylor de Mooij et al., *OB Nest: Reimagining Low-Risk Prenatal Care*, 93 MAYO CLIN PROCS. 458, 460–62 (2018), <https://doi.org/10.1016/j.mayocp.2018.01.022>.

¹⁷ Bethany Bruno et al., *Virtual prenatal visits associated with high measures of patient experience and satisfaction among average-risk patients: a prospective cohort study*, 23 BMC PREGNANCY & CHILDBIRTH 234 (2023), <https://doi.org/10.1186/s12884-023-05421-y>.

¹⁸ Tanya Albert Henry, *Medicare telehealth coverage renewed for two years*, AM. MED. ASS’N (Feb. 24, 2026), <https://www.ama-assn.org/practice-management/digital-health/medicare-telehealth-coverage-renewed-two-years>.

¹⁹ Amen Galinato, *More than 25% of Gen Z patients don’t have doctors. Experts weigh in on the cost of skipping care*, CNN (July 14, 2026, at 12:07 ET), <https://www.cnn.com/2026/07/14/health/gen-z-young-adults-avoid-doctors-wellness>.

²⁰ Samhita M. Ilagno et al., *Gaps in Care Among Adolescents and Young Adults in the U.S.*, 69 AM. J. PREV MED. 107957 (2025), <https://doi.org/10.1016/j.amepre.2025.107957>.

new environments and no longer have access to their usual care providers.²¹ Because of these care gaps, young adults are less likely to obtain treatments and interventions necessary to leading healthy lives. This timing is especially concerning, as young adulthood is precisely when many people's health needs increase substantially.²² Telehealth can help young adults achieve continuity of care as they move into adulthood.

For example, many college students face mental health challenges, but seeking mental health treatment is often taxing, time-consuming, and stigmatizing. Among the treatment barriers are inadequate campus resources, difficulty traveling to in-office visits, and cost.²³ Telehealth allows students to more easily seek mental health services from the comfort of their homes (or dorm rooms). It can also allow students to maintain continuity of care with a trusted provider despite moving back and forth between campus and home. Studies have found that “telemental health” can successfully treat “depression, anxiety, sleep, stress, alcohol use disorders, PTSD, and eating disorders,” while making such services more accessible,

²¹ *Id.*

²² *Id.*

²³ Rachel Conrad, *A Call for Change: Removing Barriers to Telehealth Mental Health Treatment for College Students* 5–6 (2024), https://rudermanfoundation.org/white_papers/a-call-for-change-removing-barriers-to-telehealth-mental-health-treatment-for-college-students.

convenient, and effective at mitigating the symptoms of these conditions.²⁴ The use of telemental health services has thus grown in recent years for students and nonstudents alike.²⁵

ADULTHOOD. Chronic diseases, such as heart disease, cancer, and diabetes, require ongoing and frequent medical attention. Most American adults suffer from at least one chronic condition, including 75% of adults ages 35–64 and 90% of those over 65.²⁶ Telehealth options, such as remote monitoring, consultation, education, and virtual check-ups, better enable patients and providers to manage chronic conditions consistently and effectively.²⁷ Studies have found that telehealth can “promote positive lifestyle changes, personalized self-care measures, and evidence-

²⁴ Nicole L. Hadler et al., *College Student Perspectives of Telemental Health: a Review of the Recent Literature*, 23 CURR PSYCHIATRY REPS. 6 (2021), <https://doi.org/10.1007/s11920-020-01215-7> (citations omitted).

²⁵ Andrew D. Wilcock et al., *Use of Telemedicine and Quality of Care Among Medicare Enrollees with Serious Mental Illness*, JAMA HEALTH F., Oct. 2023, at 9, 12, <https://doi.org/10.1001/jamahealthforum.2023.3648>. By 2022, the use of telehealth services had “increased to 15 times their pre-pandemic level.” Conrad, *supra*, at 7. More than half of mental health appointments now take place virtually. Linda Searing, *A pandemic legacy: Majority of mental health appointments stay remote*, WASH. POST (Feb. 12, 2024), <https://www.washingtonpost.com/wellness/2024/02/12/mental-health-online-telemedicine-therapy>.

²⁶ *About Chronic Diseases*, CDC (May 14, 2026), <https://www.cdc.gov/chronic-disease/about/index.html>.

²⁷ See, e.g., Rajnish Dhediya et al., *Role of Telemedicine in Diabetes Management*, 17 J. DIABETES SCI. & TECH. 775, 776 (2023), <https://doi.org/10.1177/19322968221081133>; Kun Zhang et al., *Impact of telemedicine on chronic disease patients: an overview of systematic reviews*, 6 INTEL. MED. 226, 230 (2025), <https://doi.org/10.1016/j.imed.2025.01.002>.

based health interventions in the management of diabetes.”²⁸ Similarly, remote patient monitoring interventions for patients with hypertension yielded notable reductions in blood pressure, comparable to in-person care results.²⁹

ELDER CARE. Elderly patients often have limited mobility or transportation options, making it difficult for them to access health services. Providers use telehealth with older adults “at high rates . . . and for a variety of clinical purposes,”³⁰ including the delivery of early palliative care—quality of life care for seriously ill patients.³¹ Only 10% of patients in need of palliative care actually receive it, largely due to costs.³² Telehealth can “dramatically expand the number of patients who can

²⁸ Dhediya et al., *supra*, at 776.

²⁹ Zhang et al., *supra*, at 230.

³⁰ Liane Wardlow, Carly Roberts & Laurie Archbald-Pannone, *Perceptions and Uses of Telehealth in the Care of Older Adults*, 29 *TELEMED & E-HEALTH* 1143, 1149 (2023), <https://doi.org/10.1089/tmj.2022.0378>.

³¹ Medicare has similarly embraced the use of telehealth, and recently extended Medicare telehealth flexibilities for two more years, allowing reimbursement for a wide range of telehealth services. *See* Consolidated Appropriations Act, 2026 § 6209, PUB. L. NO. 119-75, 140 Stat. 173, 648–49 (codified at 42 U.S.C. § 1395(m)); Bill Siwicki, *Medicare’s continued support for telemedicine signals stability, legitimacy*, *HEALTHCARE IT NEWS* (Mar. 2, 2026, at 11:29 ET), <https://www.healthcareitnews.com/news/medicares-continued-support-telemedicine-signals-stability-legitimacy>.

³² Mireille Jacobson & R. Sean Morrison, *Palliative Care Works, So Why Is It Rarely Used? Follow the Money*, *USC SCHAEFFER* (Mar. 24, 2021), <https://schaeffer.usc.edu/research/palliative-care-works-so-why-is-it-rarely-used-follow-the-money>; Isabella Backman, *Telehealth Is Just as Effective as In-person Care, Study Finds*, *YALE SCH. OF MED.* (Oct. 23, 2024), <https://medicine.yale.edu/news-article/telehealth-is-just-as-effective-as-in-person-care-new-study-finds>.

obtain care while still providing quality treatment,” and research has shown that video and in-person palliative care visits for advanced lung cancer patients deliver the same quality of care.³³ For many patients, receiving palliative care via telehealth can provide additional relief during their most difficult days, improve pain levels, and help manage the mental and emotional toll of serious illness.³⁴ Importantly, virtual care also reduces time and travel burdens on caregivers.

B. Telehealth Dramatically Improves Access To Health Care

It is difficult for many Americans to access the health care they need. More than 80% of U.S. counties—home to over 120 million people—lack adequate health care services, and over 48 million people live in “pharmacy deserts,” where they struggle to fill their prescriptions.³⁵ Patients with routine and complex medical histories alike often must travel long distances to see specialists. As but one example,

³³ Backman, *supra*; Joseph A. Greer et al., *Telehealth vs In-Person Early Palliative Care for Patients With Advanced Lung Cancer*, 332 JAMA 1153, 1153 (2024), <https://doi.org/10.1001/jama.2024.13964>. According to one provider, when it comes to palliative care, “in-person visits are quite difficult because it’s forcing some of our sickest and [most] compromised patients to make trips into a hospital setting . . . Telemedicine allows patients to have the same benefit of in-person care without having to travel.” Backman, *supra*.

³⁴ Syed N. Imam et al., *Evolution of Telehealth—Its Impact on Palliative Care and Medication Management*, 12 PHARM 61 (2023), <https://doi.org/10.3390/pharmacy12020061>.

³⁵ Amanda Nguyen, *Mapping Healthcare Deserts: Over 80% of the Country Still Lacks Adequate Access to Healthcare*, CAL. P’SHP FOR ACCESS TO TREATMENT (Aug. 13, 2025), <https://caaccess.org/mapping-healthcare-deserts-over-80-of-the-country-still-lacks-adequate-access-to-healthcare>.

Maki Inada, an Ithaca College professor and cancer patient, must drive *5 ½ hours each way* to see her oncology team in Boston.³⁶ For patients who face significant barriers to treatment, telehealth is a crucial lifeline.

RURAL ACCESS. For patients in rural areas, simply getting to a provider’s office can be impossible.³⁷ Since 2005, nearly 200 rural hospitals have completely or partially closed, and over 400—more than 20% of rural hospitals—are at risk of closure.³⁸ The hospitals that manage to stay open are cutting critical services to make ends meet.³⁹ For instance, between 2014 and 2023, 424 rural hospitals stopped offering chemotherapy services, forcing cancer patients and their families to travel farther to access needed care.⁴⁰ These transportation barriers delay or even block patients from going to appointments and getting treatment, leading to “poorer health

³⁶ Ateev Mehrotra & Barak Richman, *A Cancer Patient’s Brutal Commute*, WALL ST. J. (July 12, 2021, at 18:40 ET), <https://www.wsj.com/opinion/a-cancer-patients-brutal-commute-11626129627>.

³⁷ Nathan Douthit et al., *Exposing some important barriers to health care access in the rural USA*, 129 PUB. HEALTH 611, 614 (2015), <https://doi.org/10.1016/j.puhe.2015.04.001>; R. Turner Goins et al., *Perceived Barriers to Health Care Access Among Rural Older Adults: A Qualitative Study*, 21 J. RURAL HEALTH 206, 206 (2005), <https://doi.org/10.1111/j.1748-0361.2005.tb00084.x>.

³⁸ Kevin Bennett et al., *Why Rural Hospitals Are Facing a Funding Crisis—and How It Could Get Worse*, COMMONWEALTH FUND (Feb. 9, 2026), <https://www.commonwealthfund.org/publications/explainer/2026/feb/why-rural-hospitals-face-funding-crisis-how-it-could-get-worse>.

³⁹ *Id.*

⁴⁰ *Id.*

outcomes.”⁴¹ Telehealth can bridge the gap between rural patients and crucial health care.

For example, young people with type 1 diabetes living in rural areas struggle to make recommended quarterly visits to a pediatric specialist and are more likely to suffer diabetes-related pathologies.⁴² When a telehealth option for pediatric diabetes management became available in rural Wyoming, patients could finally visit a specialist as often as recommended.⁴³ They were able to do so without missing as much school or work and while obtaining care equivalent to in-person visits.⁴⁴

VETERANS. “Veterans experience many barriers to healthcare access.”⁴⁵ Americans enrolled in the Department of Veterans Affairs (VA) health care system “tend to be older and have more complex medical problems.”⁴⁶ Millions of veterans living in rural areas are “more likely to be diagnosed with diabetes, obesity, high

⁴¹ *Id.*

⁴² Colleen L. Wood et al., *Use of Telemedicine to Improve Adherence to American Diabetes Association Standards in Pediatric Type 1 Diabetes*, 18 DIABETES TECH. & THER 7, 7–8 (2016), <https://doi.org/10.1089/dia.2015.0123>.

⁴³ *Id.* at 7.

⁴⁴ *Id.*

⁴⁵ Zachary Hahn et al., *Travel Burden as a Measure of Healthcare Access and the Impact of Telehealth within the Veterans Health Administration*, 38 J. GEN. INTERN MED. 805, 805 (2023), <https://doi.org/10.1007/s11606-023-08125-3>.

⁴⁶ *Id.*

blood pressure, and heart conditions that require more frequent, ongoing, and costly care” than their urban counterparts.⁴⁷ But veterans across America often cannot obtain timely, quality care due to provider shortages, long distances to facilities, and limited transportation options.⁴⁸ To help address access challenges, the VA has implemented several telehealth programs to provide veterans access to specialists, saving veterans more than *10 million* miles of travel over a five-year period.⁴⁹

RARE DISEASE. Around 25–30 million Americans suffer from rare diseases, a category encompassing more than 7,000–10,000 *different* disorders, each affecting a small number of patients.⁵⁰ Many of these conditions are life-threatening, but only a handful of providers know how to diagnose and treat them. Rare disease patients often experience delayed diagnosis or misdiagnosis of their conditions, leading them on a “years-long diagnostic odyssey.”⁵¹ That can result in “inappropriate care, lack of targeted [treatment] or, when available, disease modifying treatment, and missed opportunities for intervention that may ameliorate

⁴⁷ Hillary D. Lum et al., *Anywhere to Anywhere: Use of Telehealth to Increase Health Care Access for Older, Rural Veterans*, 30 PUB. POL’Y & AGING RPT. 12, 12 (2020), <https://doi.org/10.1093/ppar/prz030>.

⁴⁸ *Id.*; Hahn et al., *supra*, at 805.

⁴⁹ Hahn et al., *supra*, at 809.

⁵⁰ Ainslie Tisdale et al., *The IDEaS initiative: pilot study to assess the impact of rare diseases on patients and healthcare systems*, 16 ORPHANET J. RARE DIS 429 (2021), <https://doi.org/10.1186/s13023-021-02061-3>.

⁵¹ *Id.*

or prevent disease progression.”⁵² “The average rare disease patient sees *up to 12 specialists* and *waits 6 years* before receiving a definitive and accurate diagnosis,” a delay that can be life-threatening.⁵³ Telehealth drastically improves access to specialized care and accelerates the diagnostic timeline by connecting patients with specialty providers across the nation. Telehealth can also save patients travel time and expense through virtual intake appointments to determine whether an in-person visit is necessary for diagnosis. As one rare disease patient said, “[i]t’s not about convenience . . . It’s about survival.”⁵⁴

C. Americans and American Institutions Embrace Telehealth

Americans like telehealth. Before the COVID-19 pandemic, multiple studies showed that patients were highly satisfied with the care they received through telehealth.⁵⁵ And even after the pandemic hit and more patients used telehealth out

⁵² *Id.*

⁵³ Eric L. Wan et al., Commentary, *Zebras Among Us: Advocating for the 30 Million Americans Living with Rare Disease*, 15 MED. SCI. EDUC 1239, 1240 (2023) (emphases added), <https://doi.org/10.1007/s40670-023-01856-2>.

⁵⁴ *The Long Road to Care: Patient With Rare Cancer Pleads for Cross-State Telehealth Access*, JOHNS HOPKINS MED. NEWSROOM (Aug. 25, 2025), <https://www.hopkinsmedicine.org/news/newsroom/news-releases/2025/08/the-long-road-to-care-patient-with-rare-cancer-pleads-for-cross-state-telehealth-access>.

⁵⁵ See, e.g., Susan S. Gustke et al., *Patient Satisfaction with Telemedicine*, 6 TELEMED & E-HEALTH 5 (2000), <https://doi.org/10.1089/107830200311806>; Jennifer M. Polinski et al., *Patients’ Satisfaction with and Preference for Telehealth Visits*, 31 J. GEN. INTERN MED. 269 (2015), <https://doi.org/10.1007/s11606-015-3489-x>.

of necessity, numerous studies found that patients were overall just as satisfied with telehealth as they were with in-person care.⁵⁶ In a robust study with over 300,000 survey responses, the Mayo Clinic found no significant difference in patient satisfaction scores between in-person and telehealth visits.⁵⁷

The federal government, too, recognizes the value of telehealth in a variety of contexts. The Department of Health and Human Services (HHS) publishes practice guidelines for the use of telehealth to treat a variety of conditions, including cancer care, diabetes management, nutrition care, chronic disease, substance use disorder, and more.⁵⁸ Congress has extended many telehealth services for Medicare patients through December 31, 2027, and Medicare now covers some telehealth services

⁵⁶ Elham Hatef et al., *Effectiveness of telehealth versus in-person care during the COVID-19 pandemic: a systematic review*, 7 NPJ DIGIT. MED. 157 (2024), <https://doi.org/10.1038/s41746-024-01152-2>; Brendan Drerup et al., *Reduced No-Show Rates and Sustained Patient Satisfaction of Telehealth During the COVID-19 Pandemic*, 27 TELEMED & E-HEALTH 1409, 1409 (2021), <https://doi.org/10.1089/tmj.2021.0002>. Patient satisfaction rates were similarly high across medical disciplines. See, e.g., Talish Razi et al., *Patient Satisfaction with Telehealth Services in Primary Care*, 30 TELEMED & E-HEALTH 2704, 2704 (2024), <https://doi.org/10.1089/tmj.2024.0363>; Shira Peleg Hasson et al., *Rapid Implementation of Telemedicine During the COVID-19 Pandemic: Perspectives and Preferences of Patients with Cancer*, 26 ONCOLOGIST e679 (2021), <https://doi.org/10.1002/onco.13676>.

⁵⁷ Nicole J. Ploog et al., *Outpatient visit modality and parallel patient satisfaction: A multi-site cohort analysis of telemedicine and in-person visits during the COVID-19 pandemic*, 9 PATIENT EXP J. 93, 93 (2022), <https://doi.org/10.35680/2372-0247.1704>.

⁵⁸ See *Best practice guides*, TELEHEALTH.HHS.GOV, <https://telehealth.hhs.gov/providers/best-practice-guides> (last visited July 21, 2026)

permanently.⁵⁹ The Federal Communications Commission and Department of Agriculture are investing in broadband and communications initiatives to support telehealth services and “make the provision of high-quality health care a reality for patients regardless of location or ability to travel.”⁶⁰ In 2018, Congress passed the bipartisan SUPPORT Act to improve access to addiction treatment, including by eliminating geographic restrictions on reimbursement for telehealth services.⁶¹ The Drug Enforcement Administration and Substance Abuse and Mental Health Services Administration recently issued an extension of “telemedicine flexibilities for the prescribing of controlled medications” through the end of 2026, recognizing that “[t]elemedicine removes barriers to care for patients with transportation and mobility challenges.”⁶² The agencies warned that the “end of the telemedicine flexibilities . . . would reimpose those barriers, which could lead to lack of access to lifesaving

⁵⁹ Consolidated Appropriations Act § 6209.

⁶⁰ *Promoting Telehealth in Rural America*, 89 Fed. Reg. 1834, 1834 (Jan. 11, 2024) (amending 47 C.F.R. § 54.600 *et seq.*); *see also Distance Learning & Telemedicine Grants*, U.S. DEP’T OF AGRICULTURE, <https://www.rd.usda.gov/programs-services/telecommunications-programs/distance-learning-telemedicine-grants> (grants under 7 C.F.R. pt. 1734) (last visited July 21, 2026).

⁶¹ SUPPORT for Patients and Communities Act § 2001, PUB. L. NO. 115-271, 132 Stat. 3894, 3924–25 (2018); *see also* Am. Soc’y of Addiction Med., *Telehealth Policy & Addiction Medicine 2* (2022), <https://downloads.asam.org/sitefinity-production-blobs/docs/default-source/advocacy/policy-briefs/asam-telehealth-brief-long-version.pdf>.

⁶² *Fourth Temporary Extension of COVID-19 Telemedicine Flexibilities for Prescription of Controlled Medications*, 90 Fed. Reg. 61301, 61304 (Dec. 31, 2025) (codified at 21 C.F.R. § 1307.41).

care for some patients.”⁶³ Under the current regulations, DEA permits telehealth prescriptions of *all Schedule II–V controlled substances* without an in-person evaluation so long as certain conditions are met.⁶⁴

The VA has wholeheartedly embraced telehealth.⁶⁵ As of 2021, the VA is the largest telehealth provider in the nation.⁶⁶ And it has only continued to grow its telehealth service capabilities. In 2018, the VA MISSION Act authorized VA health professionals to provide telehealth services to veterans located anywhere.⁶⁷ The VA has established a comprehensive telehealth infrastructure to provide care to veterans nationwide, including by using monitoring devices such as blood pressure monitors,

⁶³ *Id.*

⁶⁴ *Id.*; *Prescribing controlled substances via telehealth*, TELEHEALTH.HHS.GOV, <https://telehealth.hhs.gov/providers/telehealth-policy/prescribing-controlled-substances-via-telehealth> (last visited July 21, 2026).

⁶⁵ *See, e.g.*, Gwen McMillian, *VA Telehealth brings care directly to Veterans*, VA NEWS (Sept. 14, 2025), <https://news.va.gov/142606/va-telehealth-brings-care-directly-to-veterans>. Telehealth services have proven popular with veterans. More than 2 million veterans chose to participate in VA telehealth care in the first half of 2025, and over 90% of veterans who have used telehealth reported satisfaction with the services. *Veteran satisfaction and trust in VA telehealth continues to rise*, VA NEWS (Apr. 21, 2025), <https://news.va.gov/139580/veteran-satisfaction-trust-in-telehealth-rise>.

⁶⁶ Ursula S. Myers et al., *Flattening the Curve by Getting Ahead of It: How the VA Healthcare System Is Leveraging Telehealth to Provide Continued Access to Care for Rural Veterans*, 37 J. RURAL HEALTH 194, 195 (2021), <https://doi.org/10.1111/jrh.12449>.

⁶⁷ VA MISSION Act of 2018 § 151, PUB. L. NO. 115-182, 132 Stat. 1393, 1430–32 (2018); Cathy Cruise, *Overview of Telehealth in the Department of Veterans Affairs*, 34 AM. J. AUDIOL 781, 782 (2025), https://doi.org/10.1044/2025_aja-24-00274.

thermometers, and pulse oximeters.⁶⁸ The VA also launched a program to set up locations where veterans living far from VA Medical Centers can join telehealth appointments in rooms equipped for clinical evaluation and treatment.⁶⁹ It has also adopted asynchronous programs allowing patients to submit photos, video clips, and health data to their provider.⁷⁰ The VA's full-scale, congressionally authorized incorporation of telehealth services is a testimonial to telehealth's capabilities and a model for the future of health care.

II. TELEHEALTH IS HELD TO THE SAME STANDARDS AND DELIVERS THE SAME—AND IN SOME CIRCUMSTANCES, BETTER—QUALITY OF CARE AS IN-PERSON SERVICES

Telehealth provides the same—and, by some measures, better—quality of care as in-person care, and is held to the same ethical and professional standards.

A. Telehealth Delivers The Same Quality-of-Care As In-Person Services

Fears about the quality of telehealth have proven unfounded.⁷¹ Telehealth achieves clinical outcomes like those of in-person care as well as higher rates of

⁶⁸ Cruise, *supra*, at 782.

⁶⁹ *Id.* at 782–83.

⁷⁰ *Id.* at 783.

⁷¹ Various studies have shown that a virtual examination is just as good as an in-person examination. *See, e.g.,* Amy Lu et al., *A Systematic Review of Physical Examination Components Adapted for Telemedicine*, 28 *TELEMED & E-HEALTH* 1764, 1764 (2022), <https://doi.org/10.1089/tmj.2021.0602>; Peter Yao et al., *A scoping review of the unassisted physical exam conducted over synchronous audio-*

treatment adherence.⁷² Telehealth can also reduce hospitalization rates, length of hospital stays, and mortality rates.⁷³ For example, one study concluded that, for some specialties, provisional video telemedicine diagnoses matched in-person diagnoses around 95% of the time.⁷⁴ Studies also found that telehealth prescriptions did not lead to higher medication error rates or higher rates of adverse health outcomes.⁷⁵

video telemedicine, 11 SYST REVS. 219 (2022), <https://doi.org/10.1186/s13643-022-02085-1>.

⁷² See, e.g., Hatef et al., *supra*; Victor C. Ezeamii, *Revolutionizing Healthcare: How Telemedicine Is Improving Patient Outcomes and Expanding Access to Care*, 16 CUREUS e63881 (2024), <https://doi.org/10.7759/cureus.63881>; Maren Leiz et al., *Telemedicine as a Tool to Improve Medicine Adherence in Patients with Affective Disorders – A Systematic Literature Review*, 16 PATIENT PREFER & ADHERENCE 3441, 3459–60 (2022), <https://doi.org/10.2147/ppa.s388106>; *Telehealth Interventions to Improve Chronic Disease*, CDC (May 15, 2024), <https://www.cdc.gov/cardiovascular-resources/php/data-research/telehealth.html>. The American Medical Association recently reported that, adjusting for other factors, patients have a 64% higher chance of completing a telehealth appointment compared to an in-person visit. See Henry, *Medicare telehealth coverage renewed for two years*, *supra*.

⁷³ Arwa N. Alakeel et al., *The Impact of Telehealth Adoption on Patient Outcomes: A Systematic Review*, 17 CUREUS e94328 (2025), <https://doi.org/10.7759/cureus.94328>.

⁷⁴ Bart M. Demaerschalk et al., *Assessment of Clinician Diagnostic Concordance With Video Telemedicine in the Integrated Multispecialty Practice at Mayo Clinic During the Beginning of COVID-19 Pandemic From March to June 2020*, 5 JAMA NETW OPEN e2229958 (2022), <https://doi.org/10.1001/jamanetworkopen.2022.29958>.

⁷⁵ Daniel L. Friesner et al., *Do remote community telepharmacies have higher medication error rates than traditional community pharmacies? Evidence from the North Dakota Telepharmacy Project*, 51 J. AM. PHARM ASS'N 580, 580 (2011), <https://doi.org/10.1331/japha.2011.10115>; Mary Reed et al., *Treatment and Follow-*

In one telling example, after Kentucky and Ohio allowed patients to obtain prescription medications for opioid use disorder via telehealth, over 40,000 additional people began treatment.⁷⁶ Notably, these patients had higher rates of treatment adherence than their in-person counterparts.⁷⁷ Telehealth thus improved access to this important treatment for some of the communities struggling most with opioid addiction.

B. Telehealth Meets The Same Ethical And Professional Standards As In-Person Medicine

Telehealth and in-person care are consistently held to the same professional standards. The Federation of State Medical Boards' telehealth guidelines require that care provided via telehealth "meet the same standard of care and professional ethics" as in-person care.⁷⁸ The American College of Physicians similarly dictates that telemedicine should be "held to the same standards of practice as if the physician

up Care Associated With Patient-Scheduled Primary Care Telemedicine and In-Person Visits in a Large Integrated Health System, 4 JAMA NETW OPEN e2132793 (2022), <https://doi.org/10.1001/jamanetworkopen.2021.32793>.

⁷⁶ Lindsey R. Hammerslag et al., *Telemedicine Buprenorphine Initiation and Retention in Opioid Use Disorder Treatment for Medicaid Enrollees*, 6 JAMA NETW OPEN e2336914 (2023), <https://doi.org/10.1001/jamanetworkopen.2023.36914>.

⁷⁷ *Id.*

⁷⁸ Fed'n of State Med. Bds. Workgroup on Telemedicine, *The Appropriate Use of Telemedicine Technologies in the Practice of Medicine* 6 (2022), <https://www.fsmb.org/siteassets/advocacy/policies/fsmb-workgroup-on-telemedicineapril-2022-final.pdf>.

were seeing the patient in person.”⁷⁹ As the American Medical Association put it, “[w]hile new technologies and new models of care continue to emerge, physicians’ fundamental ethical responsibilities do not change.”⁸⁰

Research also shows that telehealth can match or even improve participants’ understanding of informed consent.⁸¹ Specifically, using telehealth to obtain informed consent “allow[ed] participants to obtain similar levels of comprehension” to those receiving in-person care, as well as to retain information better than those receiving in-person care.⁸²

C. Patients Form Valuable Relationships With Providers Via Telehealth, Improving Health Outcomes

Telehealth has some unique advantages over in-person care and can forge invaluable patient-provider relationships. Most notably, telehealth can increase access to providers. Patients who receive in-person care sometimes report feeling

⁷⁹ Hilary Daniel & Lois Synder Sulmasy, Position Paper, *Policy Recommendations to Guide the Use of Telemedicine in Primary Care Settings: An American College of Physicians Position Paper*, 163 ANN INTERN MED. 787, 788 (2015), <https://doi.org/10.7326/M15-0498>.

⁸⁰ Danielle Chaet et al., *Ethical practice in Telehealth and Telemedicine*, 32 J. GEN. INTERN MED. 1136, 1138 (2017), <https://doi.org/10.1007/s11606-017-4082-2>.

⁸¹ Saif Khairat et al., *Effectiveness of Telehealth Versus In-Person Informed Consent: Randomized Study of Comprehension and Decision-Making*, 27 J. MED. INTERNET RSCH. e63473 (2025), <https://doi.org/10.2196/63473>.

⁸² *Id.*

their providers lack time for them.⁸³ At the same time, providers want to be accessible and best meet the needs of their patients, yet they struggle to keep up with clinical demands.⁸⁴ Telehealth can help patients and providers communicate more frequently, thus improving continuity of care and building long-lasting rapport.⁸⁵ This rapport is not limited to long-term relationships. HHS recognizes that whether for “a one-time visit or ongoing care,” telehealth providers can establish positive relationships with their patients.⁸⁶ And studies have found that strong patient-

⁸³ *Majority of Patients Feel They Don't Have Enough Time With Physician*, MED. PROFS. REFERENCE (Feb. 12, 2018), <https://www.empr.com/home/news/majority-of-patients-feel-they-dont-have-enough-time-with-physician>.

⁸⁴ Beth Duff-Brown, *Optimizing the telehealth experience could benefit patient, physician*, STANFORD MED. NEWS CTR. (Dec. 6, 2024), <https://med.stanford.edu/news/insights/2024/12/virtual-visit-improvements-doctor-patient-telehealth.html>. The AMA has also advocated for the expansion of telehealth, due in part to its important role in “mitigating the physician workforce shortage by reducing burnout and improving the efficiency of clinical tasks.” Jennifer Lubell, *How telehealth drives care improvement and saves money*, AM. MED. ASS'N (Jan. 22, 2026), <https://www.ama-assn.org/practice-management/digital-health/how-telehealth-drives-care-improvement-and-saves-money>. Then-AMA President Jack Resneck Jr. has stated that “supporting telehealth is a core element of the AMA Recovery Plan for America’s Physicians” and “critical to the future of health care.” Tanya Albert Henry, *Medical boards get guidance on setting rules for telemedicine*, AM. MED. ASS'N (June 13, 2022), <https://www.ama-assn.org/practice-management/digital-health/medical-boards-get-guidance-setting-rules-telemedicine>.

⁸⁵ See, e.g., Michaela Senek et al., *Impact of Digital Health on Patient-Provider Relationships in Respiratory Secondary Care Based on Qualitative and Quantitative Evidence: Systematic Review*, 27 J. MED. INTERNET RSCH. e70790 (2025), <https://doi.org/10.2196/70970>.

⁸⁶ *Cultivating trust and building relationships during a telehealth visit*, TELEHEALTH.HHS.GOV, <https://telehealth.hhs.gov/providers/planning-your->

provider relationships can be established “without a previous in-person encounter,”⁸⁷ through video telehealth or asynchronous methods.⁸⁸

Strong patient-provider relationships have clear benefits. They “positively affect clinical care outcomes including self-efficacy, adherence, morbidity, functional status, and satisfaction with care.”⁸⁹ This improves the quality of care and builds a deeper trust between patient and provider. It can also shift health care from a reactive position—waiting for a patient to develop a condition that merits travel to an in-person appointment—to a proactive, preventative approach.⁹⁰

telehealth-workflow/cultivating-trust-and-building-relationships-during-a-telehealth-visit (last visited July 21, 2026).

⁸⁷ Tania Elliott et al., *Beyond Convenience: Patients’ Perceptions of Physician Interactional Skills and Compassion via Telemedicine*, 4 MAYO CLIN PROCS.: INNOV, QUAL & OUTCOMES 305, 305 (2020), <https://doi.org/10.1016/j.mayocpiqo.2020.04.009>; see, e.g., Susan G. Simpson & Corinne L. Reid, *Therapeutic alliance in videoconferencing psychotherapy: A review*, 22 AUST J. RURAL HEALTH 280, 280 (2014), <https://doi.org/10.1111/ajr.12149>.

⁸⁸ See, e.g., Lawrence Murphy et al., *Client Satisfaction and Outcome Comparisons of Online and Face-to-Face Counselling Methods*, 39 BRIT. J. SOC. WORK 627, 627 (2009), <https://doi.org/10.1093/bjsw/bcp041>; Jamie Ducharme, *Does Text Therapy Really Work?*, TIME (Sept. 3, 2024, at 10:24 ET), <https://time.com/7014816/does-text-therapy-work>; Edward Haderler, Howard Gitlow & Kevyan Nouri, *Definitions, survey methods, and findings of patient satisfaction studies in teledermatology: a systematic review*, 313 ARCH DERMATOL RSCH. 205, 205 (2020), <https://doi.org/10.1007/s00403-020-02110-0>.

⁸⁹ Lisa V. Duffy et al., *Therapeutic Relational Connection in Telehealth: Concept Analysis*, 25 J. MED. INTERNET RSCH. e43303 (2023), <https://doi.org/10.2196/43303>.

⁹⁰ Lulu Wang et al., *Telehealth Clinical Appropriateness and Quality*, 4.1 TELEMED REPS. 87, 87 (2023), <https://doi.org/10.1089/tmr.2023.0019>.

D. Medical Professionals And Patients Are Best Equipped To Decide Whether To Use Telehealth

Health care providers want to provide the best treatment possible for their patients, whether through telehealth or in-person care. They understand telehealth will not be appropriate or recommended for all medical needs or all patients. Health care providers are best positioned to determine, based on their medical expertise and firsthand knowledge of the patient, whether telehealth is a suitable option for any given patient or treatment. Allowing patients to elect to receive health care via telehealth where medically appropriate also honors patient agency and autonomy. Some patients may prefer in-person visits for all health care needs, and they can continue to seek and receive in-person care. Patients who prefer telehealth—where a medical professional has deemed it appropriate—should similarly be allowed to receive health care the way they prefer. Millions of Americans and their providers are choosing telehealth, and that choice should be respected and protected.

* * *

Telehealth is an essential aspect of our health care system and a crucial means of delivering health care services to patients of all ages, health needs, and walks of life. Telehealth has dramatically improved both access to health care and patient outcomes. There is simply no reason to impede the delivery of safe, effective health care through telehealth, and a ruling doing so would undermine the widespread and beneficial use of telehealth for all forms of health care.

CONCLUSION

For these reasons, the Court should affirm the district court's denial of preliminary relief to plaintiffs.

Dated: July 22, 2026

JAMIE A. LEVITT
MORRISON & FOERSTER LLP
250 WEST 55TH STREET
New York, NY 10019

MEGAN E. BAFFARO
MORRISON & FOERSTER LLP
John Hancock Tower
200 Clarendon Street, Floor 21
Boston, MA 02116

CARMEL DORI SHACHAR
CENTER FOR HEALTH LAW AND
POLICY INNOVATION
HARVARD LAW SCHOOL
1585 Massachusetts Avenue
Cambridge, MA 02138

Respectfully submitted,

/s/ Joseph R. Palmore

JOSEPH R. PALMORE
ELAINE HOU
MORRISON & FOERSTER LLP
2100 L Street NW, Suite 900
Washington, D.C. 20037
(202) 887-6940
JPalmore@mofo.com

DARALYN J. DURIE
MORRISON & FOERSTER LLP
425 Market Street
San Francisco, CA 94105

Counsel for Amici Curiae

ADDENDUM

LIST OF AMICI CURIAE ORGANIZATIONS

AIDS Vaccine Advocacy Coalition

New York Academy of Medicine

Network for Public Health Law

Nixon Law Group, PLLC

LIST OF AMICI CURIAE INDIVIDUALS¹

Carmel Shachar, Assistant Clinical Professor of Law and Faculty Director of the Health Law and Policy Clinic, Center for Health Law and Policy Innovation, Harvard Law School

Paul S. Appelbaum, MD, Elizabeth K. Dollard Professor of Psychiatry, Medicine and Law, Columbia University

Vamsi Aribindi, MD, Cardiothoracic Surgeon

Carrie Atzinger, Genetic Counselor, Cincinnati Children's Hospital

Lela Bachrach, MD, MS, Clinical Professor and Pediatrician, University of California, San Francisco Benioff Children's Hospitals

Carrie N. Baker, JD, Ph.D., Professor, Program for the Study of Women, Gender and Sexuality, Smith College

John R. Balmes, MD, Professor Emeritus, University of California, San Francisco and University of California, Berkeley School of Public Health

Alison Barkoff, JD, Harold and Jane Hirsh Associate Professor of Health Law and Policy and Hirsh Program Director, Milken Institute School of Public Health, George Washington University

Michele Barry, MD, FACP, Professor, Stanford University School of Medicine

Julia Zoë Beckerman, JD, MPH, Teaching Professor and Vice Chair, Department of Health Policy and Management, Milken Institute School

¹ All signatories designated below are signing in their individual capacities, with institutional affiliations listed for identification purposes only.

of Public Health, George Washington University

Suzanne O. Bell, Ph.D., MPH,

Associate Professor, Johns Hopkins Bloomberg School of Public Health

Michelle Berlin, MD, MPH, Professor Emerita, Oregon Health & Science University (OHSU) School of Medicine & OHSU-PSU School of Public Health

Caitlin Bernard, MD, MSCI, FACOG,

Associate Professor of Clinical Obstetrics and Gynecology, Indiana University School of Medicine

Karin J. Blakemore, MD, Professor of Gynecology and Obstetrics, Director of Prenatal Diagnosis and Treatment Center, Johns Hopkins University School of Medicine

Eileen Boris, Hull Professor and

Distinguished Professor of Feminist Studies Emerita, University of California, Santa Barbara

Benjamin P. Brown, MD, MS, Mimi

Pichey Assistant Professor of Obstetrics and Gynecology, Alpert Medical School; Assistant Professor of Health Services, Policy, and Practice, Clinician Educator, School of Public Health, Brown University

Alison Brysk, Distinguished Professor, University of California, Santa Barbara

Scott Burris, James E. Beasley Professor of Law, Temple Law School; Director, Center for Public Health Law Research

Claudia M. Calhoon, DPH, MPH, Assistant Professor, York College, City University of New York

Lara Cartwright-Smith, JD, MPH,

Associate Professor, Department of Health Policy and Management, Milken Institute School for Public Health, George Washington University

Maria Casoni, MSL, MPH, Research Scientist, Milken Institute School of Public Health, George Washington University

Paula M. Castaño, MD, MPH,

Associate Professor of Obstetrics and Gynecology, Columbia University Medical Center

G. Thomas Chandler, Ph.D., MS,

Distinguished Dean Emeritus, Arnold School of Public Health, University of South Carolina

R. Alta Charo, Warren P. Knowles Professor Emerita of Law and

Bioethics, University of Wisconsin-Madison

Wendy Chavkin, MD, MPH, Professor Emerita of Public Health and Obstetrics/Gynecology, Mailman School of Public Health and College of Physicians and Surgeons, Columbia University

Jack A. Clark, Professor, Boston University School of Public Health

Marsha Cohen, Professor Emerita, University of California College of the Law, San Francisco

Alyssa Colwill, MD, MCR

Allyson Crays, JD, Public Health Law and Policy Analyst, Department of Health Policy and Management, Milken Institute School of Public Health, George Washington University

Mitchell D. Creinin, MD, Distinguished Professor of Obstetrics and Gynecology, University of California, Davis

Mark R. Cullen, MD, Retired Professor of Medicine, Stanford University School of Medicine

Kelly Culwell, MD, MPH, Assistant Clinical Professor, University of California, San Diego

Blair G. Darney, Ph.D., MPH, Associate Professor, Oregon Health & Science University

Anne Davis, MD

Natalia Deeb-Sossa, Ph.D., Professor of Chicana/o/x Studies, University of California, Davis

Linda C. Degutis, DrPH, MSN, Lecturer, Yale School of Public Health

Karen Dionesotes, MD, MPH, Geriatric Psychiatrist, Mount Sinai Health System

Elizabeth Arend Dutta, DrPH, MPH, Professorial Lecturer, Milken Institute School of Public Health, George Washington University

Alison Edelman, MD, MPH

David L. Eisenberg, MD, MPH, FACOG, Professor and Chief, Division of Complex Family Planning, Dept of Ob/Gyn, WashU Medicine

Eve Espey, MD, MPH, Distinguished Professor of Obstetrics and

Gynecology, University of New Mexico

Sherril Gelmon, Professor Emerita, OHSU-PSU School of Public Health

Susan Ettner, Distinguished Professor and Dean Emerita of Graduate Education, University of California, Los Angeles

Elizabeth Geltman, JD, LL.M., Associate Professor, City University of New York Graduate School of Public Health and Health Policy

Robert I. Field, JD, MPH, Ph.D., Professor of Law, Drexel University Kline School of Law; Professor of Health Management and Policy, Drexel University Dornsife School of Public Health

Kelly K. Gillespie, Professor of Law and Director, Center for Health Law Studies, Saint Louis University School of Law; Professor of Health Care Ethics, Saint Louis University

Jacqueline Fox, JD, LL.M., Professor, University of South Carolina Joseph F. Rice School of Law

Leonard H. Glantz, JD, Professor Emeritus of Health Law, Bioethics and Human Rights, Boston University School of Public Health

Leslie Pickering Francis, Ph.D., JD, Distinguished Alfred C. Emery Professor of Law, University of Utah

Barbara Glickstein, MPH, MA, RN, Principal, Barbara Glickstein Strategies

Lynn P. Freedman, JD, MPH, Professor, Columbia Mailman School of Public Health

Sherry Glied, Ph.D., Professor of Public Service, Robert F. Wagner Graduate School of Public Service, New York University

Lance Gable, Interim Dean and Professor of Law, Wayne State University Law School

Randy Goldberg, MD, MPH, FACP, FHM, Assistant Professor of Medicine, New York Medical College; Chair of Clinical Ethics, Westchester Medical Center

Stacie Geller, G. William Arends Professor of Obstetrics and Gynecology and Director of the Center for Research on Women and Gender, University of Illinois College of Medicine

Michele Bratcher Goodwin, JD, LL.M., SJD, O'Neill Professor of Constitutional Law and Global Health

Policy and Faculty Director of the
O'Neill Institute for National and
Global Health Law, Georgetown
University Law Center

Christine Hackman, Ph.D.

Amy R. Harrington, MD, Associate
Professor of Obstetrics &
Gynecology, University of Rochester
Medicine

Janet Heinrich, DrPH, RN, Research
Professor, Milken Institute School of
Public Health, George Washington
University

Jennifer L. Herbst, Professor of Law &
Medical Sciences, Quinnipiac
University School of Law & Frank H.
Netter, MD, School of Medicine

Laura Hermer, James E. Kelley
Professor of Law, Mitchell Hamline
School of Law

Stephanie Herold, MPH, Researcher,
Advancing New Standards in
Reproductive Health, University of
California, San Francisco

Aaron R. Hoffman, DO, MPH, Medical
Director, Primary Care Procedure
Clinic, Brigham and Women's
Hospital

Sharona Hoffman, Distinguished
University Professor, Edgar A. Hahn
Professor of Jurisprudence, Professor
of Bioethics, Co-Director of Law-
Medicine Center, Case Western
Reserve University School of Law

Diane E. Hoffmann, Professor of Law,
University of Maryland Carey School
of Law

**Timothy H. Holtz, MD, MPH, FACP,
FACPM, RDML (ret) US PHS**,
Redstone Chair and Director, Sumner
M. Redstone Global Center for
Prevention and Wellness, Professor,
Department of Global Health &
Department of Epidemiology, Milken
Institute School of Public Health,
George Washington University

Sarah Hooper, JD, Professor of Practice
and Executive Director, UCSF-UC
Law SF Consortium on Law, Science
& Health Policy

Melody Y. Hou, MD, MPH, Professor,
University of California, Davis
School of Medicine

Nicole Huberfeld, Edward R. Utley
Professor of Health Law, Boston
University School of Law and School
of Public Health

Peter D. Jacobson, JD, MPH, Professor
Emeritus of Health Law and Policy,

University of Michigan School of
Public Health

Jeffrey T. Jensen, MD, MPH, Leon
Speroff Professor and Vice Chair for
Research, Department of Ob/Gyn,
Professor of Public Health and
Preventative Medicine, Oregon
Health & Science University

Dana M. Johnson, Health Disparities
Research Postdoctoral Fellow,
University of Wisconsin-Madison
School of Medicine and Public Health

Heidi E. Jones, Ph.D., MPH, Professor,
City University of New York
Graduate School of Public Health and
Health Policy

Timothy Stoltzfus Jost, Professor
Emeritus, Washington and Lee
University School of Law; former
member of the State Medical Board of
Ohio

Sapna Kalsy, MD, MPH, Physicians for
Reproductive Health Fellow

Leslie M. Kantor, Ph.D., MPH

Farzana Kapadia, Professor of
Epidemiology, New York University
School of Global Public Health

Nancy L. Keating, MD, MPH,
Professor of Health Care Policy,

Department of Health Care Policy,
Harvard Medical School; Professor of
Medicine and Practicing General
Internist, Brigham and Women's
Hospital

Amar Kelkar, MD, MPH, Assistant
Professor of Medicine, Dana-Farber
Cancer Institute and Harvard Medical
School

Stacie Kershner, JD, Deputy Director,
Center for Law, Health & Society,
Georgia State University College of
Law

Louise P. King, MD, JD, Director of
Reproductive Bioethics, Harvard
Medical School Center for Bioethics;
Associate Director of Clinical Ethics,
Assistant Professor of Obstetrics,
Gynecology, and Reproductive
Biology, Harvard Medical School;
Brigham & Women's Hospital

Sarah G. Kirshner, MD

Renée M. Landers, Professor of Law
and Faculty Director, Health and
Biomedical Law Concentration,
Suffolk University Law School

Valerie J. Lang, MD, MHPE, Professor
of Medicine, University of Rochester
School of Medicine and Dentistry

Paula M. Lantz, Ph.D., MS, Professor Emerita of Public Policy and Public Health, Gerald R. Ford School of Public Policy, University of Michigan

Jeffrey Levi, Ph.D., Professor Emeritus of Health Policy and Management, George Washington University

Ophra Leyser-Whalen, Ph.D., Associate Professor of Sociology, University of Texas at El Paso

Audrey Lyndon, Ph.D., RN, FAAN, Professor, NYU Rory Meyers College of Nursing

Manya Magnus, Ph.D., MPH, Professor and Chair, Department of Epidemiology, Milken Institute School of Public Health, George Washington University

Emily Mallin, MD, Clinical Professor of Internal Medicine, University of Arizona College of Medicine - Phoenix

Maya Manian, Professor of Law and Faculty Director, Health Law & Policy Program, American University Washington College of Law

Jyothi Marbin, MD, Clinical Professor and Pediatrician, University of California, Berkeley School of Public Health

Anne Rossier Markus, Professor and Chair of the Department of Health Policy and Management, Milken Institute School of Public Health, George Washington University

Carmen J. Marsit, Ph.D., Rollins Distinguished Professor and Executive Associate Dean for Faculty Affairs and Research Strategy, Rollins School of Public Health, Emory University

Diana J. Mason, Ph.D., RN, FAAN, Senior Policy Service Professor, Center for Health Policy and Media Engagement, George Washington University School of Nursing

Lois McCloskey, DrPH, Clinical Professor of Community Health Sciences, Boston University School of Public Health

Allison L. McDonough, MD, DipABLM

Terry McGovern, Professor, City University of New York Graduate School of Public Health and Health Policy

Ateev Mehrotra, MD, Professor, Brown School of Public Health

Benjamin M. Meier, Professor,
University of North Carolina at
Chapel Hill

John T. Monahan, Professor,
Georgetown University

Jill C. Morrison, Visiting Professor of
Law, Georgetown University Law
Center

Jack Needleman, Ph.D., Professor
Emeritus of Health Policy and
Management, University of
California, Los Angeles

Hillary Nelson, Ph.D., MPH, Director,
University of Pennsylvania Master of
Public Health Program

Lauren Hersch Nicholas, Professor of
Medicine, University of Colorado
Anschutz School of Medicine

Laury Oaks, Professor and Chair,
Department of Feminist Studies,
University of California, Santa
Barbara

Jonathan Oberlander, Ph.D., Professor
of Social Medicine, School of
Medicine, and Health Policy &
Management, Gillings School of
Global Public Health, University of
North Carolina at Chapel Hill

Wendy Parmet, Matthews
Distinguished University Professor of
Law and Faculty Co-Director, Center
for Health Policy and Law; Professor
of Public Policy and Urban Affairs,
Northeastern University School of
Public Policy and Urban Affairs

A.R. Pebley, Distinguished Professor,
University of California, Los Angeles
Fielding School of Public Health

Rachel Perry, MD, MPH, Associate
Professor of Obstetrics and
Gynecology, University of California,
Irvine

Mark A. Peterson, Professor of Public
Policy, Political Science, Health
Policy & Management, and Law,
UCLA Luskin School of Public
Affairs

Tonia Poteat, Ph.D., MPH, PA-C,
Professor, Duke University School of
Nursing

Sarah Prager, Professor of Obstetrics
and Gynecology and Complex Family
Planning, University of Washington

Laura Punnett, Sc.D., Professor
Emerita, Biomedical Engineering,
University of Massachusetts Lowell

Tara Adams Ragone, JD, Assistant Professor, Seton Hall University School of Law

Holly Rankin, MD

Radhika Rao, Professor of Law and Harry & Lillian Hastings Research Chair, University of California College of the Law, San Francisco

Marsha Regenstein, Professor of Health Policy and Management, Milken Institute School of Public Health, George Washington University

Dorit R. Reiss, Professor of Law and James Edgar Hervey Chair in Litigation, University of California College of the Law, San Francisco

Shannon Rempe, JD, MPH, Program Director, Advancing Public Health & Health Equity in the Courts, Center for Health Policy & Law, Northeastern University

Richard K. Riegelman, MD, MPH, Ph.D., Professor of Epidemiology and Founding Dean, Milken Institute School of Public Health, George Washington University

Eve Rittenberg, MD

Christopher T. Robertson, N. Neal Pike Scholar and Professor, Boston

University Schools of Law and Public Health

Roger Rochat, Emeritus Professor, Rollins School of Public Health, Emory University

Deborah Rogow, MPH

Sara Rosenbaum, JD, Professor Emerita of Health Law and Policy, Milken Institute School of Public Health, George Washington University

Beth Rosenberg, Sc.D., MPH, Associate Professor, Tufts University School of Medicine, Public Health and Community Medicine, Tisch College, and School of Engineering, Civil and Environmental Engineering

Ani Satz, Professor of Law & Public Health and Director, Health Law, Policy and Ethics Project, Emory University

Nadia N. Sawicki, Beazley Chair in Health Law, Georgia Reithal Professor of Law, Loyola University Chicago School of Law

Magda Schaler-Haynes, JD, MPH, Professor of Health Policy and Management, Columbia University Irving Medical Center, Mailman School of Public Health

Cason D. Schmit, JD, Associate
Professor, Texas A&M University
School of Public Health

Randi Seigel

Paul R. Shafer, Ph.D., Associate
Professor of Health Law, Policy, and
Management, Co-Director of
Medicaid Policy Lab, Boston
University School of Public Health

Michael S. Sinha, MD, JD, MPH,
Associate Professor of Law, Saint
Louis University School of Law

Daniel Skinner, Ph.D., Professor of
Health Policy, Ohio University
Heritage College of Osteopathic
Medicine

Patty Skuster, JD, MPP, University of
Pennsylvania MPH Program

Craig Slatin, Sc.D., MPH, Professor
Emeritus of Public Health,
Zuckerberg College of Health
Sciences, University of Massachusetts
Lowell

Jacqueline Marks Smith

**Andréa Sonenberg, Ph.D., CNM-BC,
FNYAM, FAAN, FNAP**, Professor
Emeritus, College of Health
Professions, Pace University

John Swartzberg, MD, Health Sciences
Clinical Professor Emeritus,
University of California, Berkeley
School of Public Health

**Kristin A. Swedish, MD, MPH, FACP,
MSCP**

Julia Tasset, MD, MPH

Debra Teplin, PA

Marie Thoma, Ph.D., Associate
Professor, University of Maryland
School of Public Health

Seth Trueger, MD, MPH, FACEP,
Associate Professor of Emergency
Medicine, Northwestern University
Feinberg School of Medicine

Amy O. Tsui, Ph.D., Professor Emerita,
Johns Hopkins Bloomberg School of
Public Health

Liza Vertinsky, Professor of Law,
University of Maryland Francis King
Carey School of Law

David Vlahov, Ph.D., RN, Professor of
Nursing, Yale School of Nursing;
Professor of Epidemiology - Microbial
Diseases, Yale School of Public Health

Mitchell Warren, Executive Director,
AIDS Vaccine Advocacy Coalition

Sidney D. Watson, Jane and Bruce
Robert Professor of Law, Center for
Health Law Studies, Saint Louis
University School of Law

Lois A. Weithorn, Ph.D., JD, Raymond
L. Sullivan Professor of Law, University
of California College of the Law, San
Francisco

Timothy M. Westmoreland

Peter J. Winch, Professor, Johns
Hopkins Bloomberg School of Public
Health

Katherine L. Wisner, MD, MS,
Professor of Psychiatry, Pediatrics, and
Obstetrics and Gynecology, George
Washington University

Heather A. Young, Ph.D., MPH,
Professor and Vice Chair, Department of
Epidemiology, Milken Institute School of
Public Health, George Washington
University

CERTIFICATE OF SERVICE

I hereby certify that I caused the foregoing to be electronically filed with the Clerk of the Court for the United States Court of Appeals for the Fifth Circuit using the CM/ECF system on July 22, 2026.

I certify that all participants in this case are registered CM/ECF users and that service will be accomplished by the CM/ECF system.

Dated: July 22, 2026

/s/ Joseph R. Palmore

Joseph R. Palmore

CERTIFICATE OF COMPLIANCE

This brief complies with the type-volume limitation of Fed. R. App. P. 29(a)(5) because this brief contains 5,866 words, excluding the parts of the brief exempted by Fed. R. App. P. 32(f).

This brief complies with the typeface requirement of Fed. R. App. P. 32(a)(5) and the type style requirements of Fed. R. App. P. 32(a)(6) because it has been prepared in a proportionally spaced typeface, including serifs, using Microsoft Word in Times New Roman 14-point font.

Dated: July 22, 2026

/s/ Joseph R. Palmore

Joseph R. Palmore