

No. 26-30203

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

THE STATE OF LOUISIANA, ET AL.,

Plaintiffs-Appellants/Cross-Appellees,

v.

U.S. FOOD AND DRUG ADMINISTRATION, ET AL.,

Defendants-Appellees,

v.

GENBIOPRO, INCORPORATED,

Intervenor-Appellee/Cross-Appellant

v.

DANCO LABORATORIES, L.L.C.,

Intervenor-Appellee/Cross-Appellant

On Appeal from the United States District Court
for the Western District of Louisiana
No. 6:25-cv-01491-DCJ-DJA

**BRIEF OF *AMICI CURIAE* LOCAL GOVERNMENTS AND
LOCAL GOVERNMENT LEADERS IN SUPPORT OF DEFENDANTS-
APPELLEES AND INTERVENOR-APPELLEES/CROSS-APPELLANTS**

JENNY MA

Counsel of Record

KYRIAKI COUNCIL

ELIANA GREENBERG

PUBLIC RIGHTS PROJECT

490 43rd Street, #115

Oakland, CA 94609

(510) 738-6788

Counsel for Amici Curiae

SUPPLEMENTAL CERTIFICATE OF INTERESTED PARTIES

Pursuant to Fifth Circuit Rule 29.2, the undersigned counsel of record certifies that, in addition to the persons and entities listed in Intervenor-Appellees/Cross-Appellants' Certificates of Interested Persons, the following listed persons and entities as described in the fourth sentence of Fifth Circuit Rule 28.2.1 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 (Excluding Governmental Entities)

Luis Alejo, County Supervisor, County of Monterey, California
Lisa Anderson, Councilmember, City of Bellingham, Washington
Valarie Bachelor, School Board Director, City of Oakland, California
Lacey Beaty, Mayor, City of Beaverton, Oregon
Celina Benitez, Mayor, City of Mount Rainier, Maryland
Kendra Brooks, Councilmember At-Large and Minority Leader,
City and County of Philadelphia, Pennsylvania
Lisa Brown, County Clerk, Oakland County, Michigan
Chelsea Byers, Mayor, City of West Hollywood, California
Barb Byrum, Clerk, Ingham County, Michigan
Chris Canales, Councilmember, City of El Paso, Texas
John Clark, Mayor, Town of Ridgway, Colorado
Katharine Clark, Clerk, County of Santa Fe, New Mexico
Emily Clouse, Commissioner, Thurston County, Washington
Laura Conover, County Attorney, Pima County, Arizona
Christine Corrado, Councilmember, Township of Brighton, New York
Olgy Diaz, City Councilmember, City of Tacoma, Washington
Roger Dickinson, Councilmember, City of Sacramento, California
Jilline Dobratz, City Clerk, City of West Bend, Wisconsin
Michael Dougherty, District Attorney, Boulder County, Colorado
Justin Douglas, County Commissioner, Dauphin County, Pennsylvania
Erin Evans, Ph.D., Trustee of the County Board of Education,
City of San Diego, California
Marilyn Ezzy Ashcraft, Mayor, City of Alameda, California

Bryan “Bubba” Fish, Vice Mayor and Councilmember,
City of Culver City, California
Vanessa Fuentes, Councilwoman, City of Austin, Texas
Brenda Gadd, Councilmember,
Metropolitan Nashville & Davidson County, Tennessee
John Q. Gale, Councilmember, City of Hartford, Connecticut
Heidi Garrido, City Councilmember, City of Hopkins, Minnesota
Jamie Gauthier, Councilmember, Philadelphia, Pennsylvania
Lorenzo Gonzalez, Councilmember, City of San Marcos, Texas
Lynn Goya, County Clerk, Clark County, Nevada
Martha Guerrero, Mayor, City of West Sacramento, California
Jonathan Guzmán, School Committee Member-at-Large,
City of Lawrence, Massachusetts
Beau Harbin, County Legislator and Democratic Minority Leader,
County of Cortland, New York
Iliana Holguin, County Commissioner, El Paso County, Texas
Stephanie Howse-Jones, Councilmember, City of Cleveland, Ohio
Susan Hughes-Smith, County Legislator, Monroe County, New York
Christian Isaac, Civil Service Board Member, City of Tacoma, Washington
Lisa Kaplan, Councilmember, City of Sacramento, California
Tim Keller, Mayor, City of Albuquerque, New Mexico
Bryan Kennedy, Mayor, City of Glendale, Wisconsin
Rue Landau, Councilmember, At-Large,
City and County of Philadelphia, Pennsylvania
Marc Laredo, Mayor, Newton, Massachusetts
Jerald Lentini, Director, Town of Manchester, Connecticut
Stephanie Loreda, President, Board of Education, City of Culver City, California
Quinton Lucas, Mayor, Kansas City, Missouri
Neil Makhija, Commissioner, Montgomery County, Pennsylvania
Caity Maple, Vice Mayor and Councilmember, City of Sacramento, California
Yasmine-Imani McMorrin, Councilmember, Culver City, California
William Moehle, Supervisor, Town of Brighton, New York
Mark Mullet, Mayor, City of Issaquah, Washington
Jessee Muñoz-Poland, Director, Town of Manchester, Connecticut
Jared Nicholson, Mayor, City of Lynn, Massachusetts
Dominick Pangallo, Mayor, City of Salem, Massachusetts
Dontae Payne, Mayor, City of Olympia, Washington
Veronica Pillar, County Legislator, County of Tompkins, New York
Jacqueline “Jack” Porter, City Commissioner, City of Tallahassee, Florida

Delishia Porterfield, Councilmember,
Metropolitan Nashville & Davidson County, Tennessee
Aftab Pureval, Mayor, City of Cincinnati, Ohio
Josie Raymond, Councilmember, City of Louisville, Kentucky
Ryan Richardson, City Attorney, City of Oakland, California
Mike Riley, Councilmember, City of Bend, Oregon
Chris Roberts, Councilmember, City of Shoreline, Washington
Regina Romero, Mayor, City of Tucson, Arizona
Kim Roney, Councilmember, City of Asheville, North Carolina
Betsy Ruhe, City Council Representative, City of Louisville, Kentucky
Miguel Sanchez, Councilmember, City of Providence, Rhode Island
Dawn Marie Sass, Clerk/Deputy Treasurer, City of Exeter, Wisconsin
Eli Savit, Prosecuting Attorney, Washtenaw County, Michigan
Andy Schor, Mayor, City of Lansing, Michigan
Gina-Louise Sciarra, Mayor, City of Northampton, Massachusetts
Yibin Shen, City Attorney, City of Alameda, California
Seema Singh, City Councilmember, City of Knoxville, Tennessee
Brett P. Smiley, Mayor, City of Providence, Rhode Island
Matt Tuerk, Mayor, City of Allentown, Pennsylvania
Harvey Ward, Mayor, City of Gainesville, Florida
Ginny Welsch, Councilmember,
Metropolitan Nashville & Davidson County, Tennessee
Leonardo Williams, Mayor, City of Durham, North Carolina
Jamila Winder, Commissioner, Montgomery County, Pennsylvania

Counsel for Amici Curiae

Jenny Ma, Esq., Public Rights Project
Kyriaki Council, Esq., Public Rights Project
Eliana Greenberg, Esq., Public Rights Project

Respectfully submitted,

/s/ Jenny Ma
JENNY MA
PUBLIC RIGHTS PROJECT
Counsel for Amici Curiae

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STATEMENT OF INTEREST

Amici are cities, counties, and local government leaders from across the country.¹ We file this brief in support of the federal Defendants-Appellees and Intervenor-Appellees/Cross-Appellants Danco Laboratories, L.L.C. (“Danco”) and GenBioPro, Inc. (“GenBioPro”) and urge this Court to affirm the district court’s judgment and to deny a stay of the 2023 Risk Evaluation and Mitigation Strategy (“2023 REMS”) for the abortion drug mifepristone.

Amici share an interest in and are responsible for protecting the health, safety, and welfare of our residents—including those who are pregnant, may become pregnant, experience miscarriage, or seek to terminate a pregnancy in their lifetimes. Maintaining and advancing the good health of our communities requires preserving access to essential and life-saving reproductive and sexual healthcare, including access to abortion care. Many *amici* jurisdictions offer a range of healthcare services and medications, including mifepristone, which has been safely and effectively used by those seeking abortions for over two decades. Some *amici* administer public health systems directly through hospitals, clinics, and other facilities providing healthcare services and pharmaceutical services. Others serve communities in states

¹ Pursuant to Federal Rule 29(a)(4)(E), undersigned counsel affirms that no counsel for any party authored this brief in whole or in part and that no person or entity other than *amici* or *amici*’s counsel made a monetary contribution intended to fund the preparation and submission of this brief. Appendix A lists all *amici*.

where abortion is banned, but remain committed to promoting bodily autonomy and ensuring that residents receive high-quality reproductive care.

Telemedicine is essential for modern healthcare, offering improved patient access, increased convenience for healthcare providers and patients, and reduced costs with remote consultations. Telemedicine is critical to ensuring that patients—especially those limited by location, socioeconomic status, race, and/or exposure to intimate partner violence—can make meaningful, personal choices about their bodies and families. Thus, in many *amici* jurisdictions, healthcare providers prescribe abortion medication (including mifepristone) via telemedicine, and providers or pharmacies fulfill mifepristone prescriptions via mail or at a pharmacy pickup counter, as is customary for nearly all other medications.

Amici also have an interest in ensuring that reproductive freedom issues affecting their residents and voters' interests are reflected in the policies set by voters or elected officials in their respective communities. *Amici* agree that any reversal of authorization or changes of use by the Food and Drug Administration (FDA)—which will invariably affect *amici*'s residents—must rely on sound evidence-based science and data, as has been the agency's consistent mandate regarding safety and efficacy of medications, including mifepristone.

Amici know firsthand the drastic consequences that will occur in our communities if this Court yields to Louisiana's demand for a nationwide in-person

dispensing requirement, and accordingly weigh in to support Defendants-Appellees and Intervenor-Appellees/Cross-Appellants.

SUMMARY OF ARGUMENT

A reinstatement of the in-person dispensing requirement would have a devastating national impact, rendering mifepristone inaccessible via mail or pharmacy to *any* resident of the United States—regardless of the laws where they reside. This runs directly afoul of the Supreme Court’s instruction in *Dobbs v. Jackson Women’s Health Organization*, 597 U.S. 215 (2022), that the issue of abortion be returned “to the people’s elected representatives,” *id.* at 232. Relying on that decision, many *amici* passed local initiatives and laws expanding access to abortion care, including medication abortion. In jurisdictions where abortion is protected, reinstatement of the in-person dispensing requirement would eviscerate rights guaranteed to residents under state law, including rights protected by state constitutions. Prohibiting access to mifepristone by mail or pharmacy would eliminate the sole option available to many patients. This action would not serve patients or advance healthcare, and only imposes higher burdens on *amici*’s residents and jurisdictions. Lasting harms will follow, compromising the delivery of reproductive care nationwide, increasing local healthcare costs, and pushing individuals and families into poverty. Such a result irreparably harms *amici* jurisdictions and their residents.

Amici urge this Court to consider the nationwide impact and disruption to essential care across this country that would result from reinstatement of the in-person dispensing requirement, and to deny Louisiana's overbroad and wide-sweeping requested relief.

ARGUMENT

Because the public interest and the balance of equities support the federal Defendants-Appellees and Intervenor-Appellees/Cross-Appellants Danco and GenBioPro, this Court should affirm the district court's decision and deny the State of Louisiana's requested reinstatement of the in-person dispensing requirement. *See Nken v. Holder*, 556 U.S. 418, 434 (2009). Louisiana's half-page, *pro forma* analysis of the public interest, Plaintiffs-Appellants' Opening Br. at 69, exposes the State's failure to consider the impact of its unprecedented and wide-reaching requested relief on communities beyond Louisiana's borders.

I. *AMICI* JURISDICTIONS AND THE RESIDENTS *AMICI* SERVE WILL FACE IMMINENT AND IRREPARABLE HARM

If this Court grants Louisiana's requested stay, *amici* jurisdictions and the residents *amici* serve will be irreparably injured. First, the Supreme Court returned the issue of abortion to the states, prompting several *amici* jurisdictions and our elected representatives to secure abortion access through local and state-level legal protections. Reinstating the in-person dispensing requirement would impose greater

barriers to accessing mifepristone—one of the drugs used in the most common medication abortion regimen in the United States—on residents in *amici*’s jurisdictions. For *amici* located in states where access to abortion care is protected under state constitutions and statutes, the in-person dispensing requirement would violate our residents’ rights. Second, if this Court grants Louisiana’s requested relief and our residents lose access to mifepristone by mail or through pharmacies, *amici* jurisdictions will experience increased health care costs associated with delayed and denied abortion care. Either of these injuries are sufficient to deny Louisiana’s request for relief and affirm the district court’s judgment.

A. A Nationwide Restriction on Mifepristone by Mail or Pharmacy Would Irreparably Harm *Amici* Jurisdictions That Have Protected Abortion Access in Reliance on This Court’s Ruling in *Dobbs*.

The Supreme Court “return[ed] the issue of abortion to the people’s elected representatives.” *Dobbs*, 597 U.S. at 232. Access to abortion via telemedicine nationwide is not a matter that should be decided by one state’s policy or political inclinations. Reinstating the mifepristone in-person dispensing requirement would be directly at odds with the Supreme Court’s recognition in *Dobbs* that “the people of the various States may evaluate” differently the interests at stake—and that the voters and “the people’s elected representatives” should decide “how abortion should be regulated.” *Id.* at 256.

Abortion care delivered via telemedicine is a critical aspect of reproductive healthcare. Nearly two-thirds of abortions are now performed with medication, including mifepristone.² According to recent data analysis, approximately twenty-nine percent of medication abortions in the U.S. are accomplished via telemedicine, which involves mailing medication abortion pills or picking the medication up at a pharmacy.³ For example, in California, anywhere from approximately 1,500 to 1,800 individuals seek telehealth abortion care every month.⁴ The prevalence of telemedicine abortion has increased dramatically because it breaks down barriers to healthcare access typically encountered by communities of color, rural communities, people at or below the poverty line, and those experiencing intimate partner

² Usha Ranji et al., *Key Facts on Abortion in the United States*, Kaiser Fam. Found. (Jan. 7, 2026), <https://perma.cc/CD2E-8S3E>. Data does not capture self-managed abortions, which are abortions obtained without a provider's prescription and without clinical supervision. *Id.*

³ *#WeCount report, April 2022 to December 2025*, Soc'y Fam. Planning (June 10, 2026), <https://perma.cc/UG89-3S49>.

⁴ *Id.*

violence.⁵ In other words, telemedicine abortion reaches those who are often considered the most vulnerable in a given locality. Banning mifepristone dispensing by mail or at pharmacy locations will especially adversely affect these populations.⁶

While several states, like Louisiana, have opted to restrict or outright ban abortion care, many other jurisdictions have affirmed their residents' right to seek and access an abortion through available legal means. Indeed, in most *amici* jurisdictions, barriers to accessing abortion via telemedicine infringe upon the rights guaranteed to residents under state constitutions or other state law, whether those state rights stem from a right to privacy and equal protection in reproductive

⁵ See Leah R. Koenig et al., *The Role of Telehealth in Promoting Equitable Abortion Access in the United States: Spatial Analysis*, 9 JMIR Pub. Health Surveill. E45671, manuscript p. 9 (2023) (finding that “telehealth can play a key role in accessing an otherwise unobtainable or delayed abortion, especially for marginalized patient populations”); Andréa Becker et al., “*It Was So Easy in a Situation That’s So Hard*”: *Structural Stigma and Telehealth Abortion*, 67 J. Health & Soc. Behav. 120, 121, 125–26 (2025) (finding that telehealth made abortion care accessible in states where abortion is legal but where childcare obligations, work schedules, financial barriers, a lack of transportation, clinic wait times, and stigma made an in-clinic visit impossible). Louisiana may argue that in-person dispensing of mifepristone is necessary to protect victims of intimate partner violence from coercion by abusive partners, or from being surreptitiously given the drugs without consent. Reproductive coercion is a tool abusers use to control their victims, but abortion coercion is rare. Karen Trister Grace & Jocelyn C. Anderson, *Reproductive Coercion: A Systemic Review*, 19 Trauma Violence Abuse 371, manuscript p. 16 (2018). Moreover, data shows that homicide is a leading cause of death of pregnant women in the United States. Karen Addis, *New National Study Finds Homicide and Suicide is the #1 Cause of Maternal Death in the U.S.*, Soc’y Maternal-Fetal Med. (Jan. 30, 2025), <https://perma.cc/S3RJ-WVAX> (reviewing CDC data from 2005-2022 and finding that violence, and disproportionately homicide, was the leading cause of death in pregnancy).

⁶ See, e.g., Br. of 163 Reproductive Health, Rights, and Justice Organizations as *Amici Curiae* in Supp. of Appls. at 12–16, *Danco Lab ’ys v. Louisiana*, No. 25A1207 (U.S. May 6, 2026); Br. of Am. Coll. of Obstetricians & Gynecologists and Other Medical Societies as *Amici Curiae* in Supp. of Appl. by Danco Laboratories to Stay the Fifth Circuit’s Stay Pending Appeal at 20, *Danco Lab ’ys v. Louisiana*, No. 25A1207 (U.S. May 6, 2026).

decisionmaking or in a freestanding right to abortion care. For example, following *Dobbs*, California voters approved Proposition 1 in November 2022, explicitly adding abortion and contraceptive rights to California’s Constitution. *See* Cal. Const. Art. I, § 1.1.⁷ Removing access to mifepristone via mail or pharmacy does not merely cut off access to a certain type of abortion care in *amici* jurisdictions. For *amici* located in states that protect the right to abortion, Louisiana’s requested relief would also restrict our residents’ fundamental state rights.

This defies the Supreme Court’s directive to return the issue of abortion to the states. *See Dobbs*, 597 U.S. at 232. Instead of voters or local elected officials determining their own abortion laws and policies, our residents are now subject to the whims of anti-abortion proponents in states where they may have never set foot. This is particularly offensive to *amici* that asserted specific positions on abortion to constituents in reliance on the Supreme Court’s mandate in *Dobbs*. Rather than

⁷ “The state shall not deny or interfere with an individual’s reproductive freedom in their most intimate decisions, which includes their fundamental right to choose to have an abortion....This section is intended to further the constitutional right to privacy... and the constitutional right not to be denied equal protection...”; *see also* N.Y. Pub. Health Law § 2599-aa (affirming that “[e]very individual who becomes pregnant has the fundamental right to choose to carry the pregnancy to term, to give birth to a child, or to have an abortion”), § 2599-bb (explicitly allowing healthcare providers to perform abortions up to 24 weeks of pregnancy); *Moe v. Sec’y of Admin. & Fin.*, 417 N.E.2d 387, 397-99 (Mass. 1981) (holding that due process protections in Massachusetts’ state constitution protect a right to abortion); Mass. Gen. Laws ch. 112, § 12L (protecting a person’s “personal decision and ability to prevent, commence, terminate or continue their own pregnancy” and preventing state actors from restricting “the manner in which medically appropriate abortion is provided”), § 12M (explicitly allowing healthcare providers to perform abortions up to twenty-four weeks of pregnancy); Wash. Rev. Code § 9.02.100 (stating that “every pregnant individual has the fundamental right to choose or refuse to have an abortion”).

relying on their localities’ laws, residents now must track litigation developments, assess potential outcomes in distant jurisdictions, and understand the impact on their ability to seek healthcare ostensibly protected by state law. Such an abridgement of our residents’ state constitutional rights is exactly the type of harm that should be averted by this Court. *See Mirabelli v. Bonta*, 146 S. Ct. 797, 803 (2026) (citing *Roman Catholic Diocese of Brooklyn v. Cuomo*, 592 U.S. 14, 19 (2020) (per curiam) (“The denial of plaintiffs’ constitutional rights during the potentially protracted appellate process constitutes irreparable harm.”)).

B. *Amici* Jurisdictions Will Experience Increased Financial and Logistical Healthcare Burdens Associated With Delayed and Denied Abortion Care.

As a basis for its standing, Louisiana alleges a financial injury related to women seeking emergency care from mifepristone complications as well as the cost of ensuing investigations against out-of-state abortion providers.⁸ *Amici* local governments and their communities will, in fact, experience great economic harm due to unnecessary barriers and additional costs imposed by an in-person dispensing

⁸ *See* Plaintiffs-Appellants Opening Br. at 14 (extrapolating future financial injury from \$92,000 in Medicaid costs allegedly incurred from two women who sought emergency care in Louisiana after taking mailed mifepristone). Louisiana’s assertion that it will suffer financial injury from the delivery of emergency care to women taking mifepristone prescribed by mail is simply incorrect. Even if Louisiana’s costs were taken at face value, when abortions are denied, the state will incur the cost of additional births—a fact that Louisiana and its *amici* conveniently ignore. Medicaid funds approximately sixty-four percent of births in Louisiana, or nearly 35,000 births annually. *Births Financed by Medicaid by Metropolitan Status*, Kaiser Fam. Found. (2023), <https://perma.cc/CB6J-KQA6>. Medicaid expenditures do not become a financial injury just because the State of Louisiana would prefer to pay for the medical costs of continuing a pregnancy.

requirement for mifepristone. In-person-only disbursement delays time-sensitive miscarriage management and medication abortion nationwide, especially for vulnerable patients. This will lead to costlier and more invasive medical interventions as some patients face delays in care, which may force them to undergo potentially avoidable procedural abortions or miscarriage management.⁹ *Amici* jurisdictions that provide healthcare and/or emergency medical services will bear costs associated with addressing these complications, and patients will needlessly suffer.¹⁰

As providers of safety net services, local governments are also well-aware that patients who give birth after being denied abortion care often face adverse

⁹ See Silpa Srinivasulu et al., *Telehealth Medication Abortion in Primary Care: A Comparison to Usual in-Clinic Care*, 37 J. Am. Bd. Fam. Med. 295, 299 (2024) (finding that “patients received care more quickly when accessing [telemedicine abortion] compared with in-clinic services,” and that patients who received telemedicine abortion had more than double the odds of obtaining an appointment within six days); Daniel Grossman et al., *Care Post-Roe: Documenting cases of poor quality care since the Dobbs decision* at 19, Advancing New Standards in Reproductive Health (ANSIRH) (Sept. 2024), <https://perma.cc/8AE6-BK5S> (showing that delayed abortion care can turn an uncomplicated medication abortion into an invasive procedural abortion, and can increase complications associated with abortion of medically complex pregnancies).

¹⁰ See Isabel S. Platt et al., *Societal Costs of Total Abortion Bans in 14 US States after Dobbs*, 116 Am. J. Pub. Health 683 (2026). According to a peer-reviewed study modeling personal and external costs associated with total abortion bans, the yearly cost of a total abortion ban includes \$233.2 million for pregnancies carried to term and an additional \$1.7 million for pregnancies that end in miscarriage or stillbirth. *Id.* Notably, changes in abortion care delivery—including telemedicine—after *Dobbs* resulted in *savings* of \$9.4 million. *Id.* The economic and labor force impacts are even more startling: The average annual economic cost of state-level restrictions on abortion access, combined with federal funding restrictions and lack of federal protections, exceeds \$140 billion. Melissa Mahoney & Aashima Sinha, *More than \$140 Billion in Lost Earnings: Abortion Restrictions Continue to Harm Women and Are a Persistent Drag on the Economy*, Inst. for Women’s Pol’y Rsch. (June 16, 2026), <https://perma.cc/U2AS-ZYZJ>.

consequences, including an increased likelihood of poverty. Patients who give birth after seeking and being denied an abortion are nearly four times more likely to live below the federal poverty line six months after seeking care compared to those who obtained the abortion—a difference that persists for years.¹¹ Individuals who were denied abortion care are also over three times more likely to be unemployed and using safety net services.¹² These costs to *amici* jurisdictions and their residents greatly outweigh any alleged or hypothetical financial injury to Louisiana.

For some of the twenty-nine percent who sought telemedicine abortion care, an in-person dispensing requirement is the functional equivalent of a total ban on mifepristone. Many individuals cannot afford to travel or escape abusive situations to access care. Consequently, patients unable to obtain an abortion will be forced to give birth in a country where approximately 60,000 women annually experience life-threatening maternal morbidity¹³ and the maternal mortality rate is 18 for every

¹¹ Diana Greene Foster et al., *Socioeconomic Outcomes of Women Who Receive and Women Who Are Denied Wanted Abortions in the United States*, 108 Am. J. Pub. Health 407, 410–11 (2018).

¹² *Id.* at 409.

¹³ Am. Coll. Obstetricians & Gynecologists, *Eliminating Preventable Maternal Mortality and Morbidity* (last visited April 21, 2026), <https://perma.cc/S9WF-QVPB>. Maternal morbidity events are “unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to someone’s health.” *Id.*

100,000 live births.¹⁴ For Black women, the rate is more than doubled.¹⁵ The risk of death associated with childbirth is many times greater than the risk of death associated with abortion.¹⁶

Just as there are abortion care deserts, thirty-six percent of U.S. counties are maternal care deserts, without hospitals offering obstetric services or birth centers and lacking obstetricians, gynecologists, or certified nurse midwives.¹⁷ Reinstating a nationwide ban on dispensing mifepristone via mail or pharmacy would gravely exacerbate these serious healthcare disparities across the United States. *Amici* jurisdictions and their residents, who have no say in such a ruling, will be irreparably harmed unless this Court denies Louisiana's requested relief.

¹⁴ Donna L. Hoyert, *Maternal Mortality Rates in the United States, 2024*, National Center for Health Statistics Health E-Stats 1 (Mar. 2026), <https://perma.cc/XYL6-GKWG>. Outcomes are worse in Louisiana, which ranks next-to-last out of the forty-eight states with available maternal mortality data. *2025 March of Dimes Report Card*, March of Dimes (Feb. 2026), <https://perma.cc/MF58-N8XV>. Approximately forty mothers will die for every 100,000 births in Louisiana. *Id.* The state also ranks forty-sixth for infant mortality, with nearly 400 babies dying before their first birthday in 2023. *Id.* at 91.

¹⁵ Hoyert, *supra* note 14.

¹⁶ Br. of Am. Coll. of Obstetricians & Gynecologists and Other Medical Societies as *Amici Curiae* in Supp. of Appl. by Danco Laboratories to Stay the Fifth Circuit's Stay Pending Appeal at 20, *Danco Lab'ys v. Louisiana*, No. 25A1207 (U.S. May 6, 2026).

¹⁷ Eli Y. Adashi, Daniel P. O'Mahony & I. Glenn Cohen, *Maternity Care Deserts: Key Drivers of the National Maternal Health Crisis*, 38 J. Am. Bd. Fam. Med. 165 (2025).

C. An In-Person Dispensing Requirement for Mifepristone Would Cause Unnecessary Confusion and Disruption of Care for Patients, Pharmacies, and Providers in *Amici* Jurisdictions.

This Court should make permanent the Supreme Court’s decision and deny Louisiana’s request because a permanent in-person dispensing requirement would cause unnecessary confusion and disruption of care for patients, pharmacies, and providers in our jurisdictions.

First, patients will be gravely affected by the reinstatement of the in-person dispensing requirement. The twenty-nine percent of individuals who sought abortion care via telemedicine must look elsewhere. Those previously able to access mifepristone in the privacy and comfort of their own homes and communities via telemedicine would be forced to travel long distances to receive this medication in person, running the risk of overwhelming already strained or understaffed healthcare providers. For example, some *amici* jurisdictions, like the City of Los Angeles, already experience an influx of patients traveling for abortion care. This influx will increase, overburdening providers in several of *amici*’s jurisdictions. Moreover, the United States already suffers from a nationwide provider shortage, particularly in rural areas.¹⁸ And while *amici* care deeply about providing healthcare access to their residents, many jurisdictions are abortion care deserts, with few, if any, in-person

¹⁸ See *Physician Workforce: Projections, 2023-2038*, Nat’l Ctr. Health Workforce Analysis (Dec. 2025), <https://perma.cc/2SFU-RXSF>.

clinics present.¹⁹ Telemedicine abortion ameliorates these care deserts. It does not serve the public interest for individuals who were previously able to access healthcare in a perfectly legal manner to be forced to travel to obtain that healthcare in person—particularly when that determination is made outside of their locality and entirely beyond their control.

Second, pharmacies will experience confusion and uncertainty. As explained by Intervenor-Appellees/Cross-Appellants Danco and GenBioPro, Louisiana filed this litigation five years after the FDA suspended enforcement of the in-person dispensing requirement and nearly three years after the FDA formally lifted the requirement.²⁰ For now, certified pharmacies can continue to dispense mifepristone like any other FDA-approved medication. Reinstating the in-person dispensing requirement is not as simple as returning to the drug-dispensing regime that existed five years ago—in the last three years, mifepristone prescription and dispensing practices were built in reliance on the 2023 REMS. Further, mifepristone is used for

¹⁹ According to the National Women’s Law Center, nearly half of all counties in the United States are abortion care deserts, where the closest abortion care facility is over 100 miles away. Lexi Rummel & Sarah Javaid, *When Women Are Deserted* at 13, Nat’l Women’s L. Ctr. (2025), <https://perma.cc/8LP3-FYTT>. Abortion care deserts exist throughout the South, Midwest, and in portions of states like Tennessee, Oregon, Arizona, and New Mexico. *Id.*

²⁰ Danco Laboratories, LLC’s Principal and Resp. Br. at 69-70; Principal and Resp. Br. of Appellee/Cross-Appellant GenBioPro, Inc. at 62. In similar litigation against the FDA regarding the regulation of mifepristone, the states of Florida and Texas both agreed this year that a stay of no longer than seven months would be appropriate so that the FDA can complete its review. Plaintiffs’ Consolidated Response to Government Defendants’ Motion to Stay or, Alternatively, to Dismiss at 12, *State of Florida v. FDA*, No. 7:25-cv-00126 (N.D. Tex. filed Apr. 24, 2026) (Dkt. No. 56).

miscarriage management, not only for abortion care.²¹ It is not in the public interest to suddenly restrict access to mifepristone and further exceptionalize a drug that has been safely and effectively prescribed via telemedicine, dispensed by mail or pharmacy, and taken by patients for five years. After years of mifepristone availability via telemedicine, healthcare providers and pharmacies across the country—including in *amici*'s jurisdictions—have built practices in the best interests of patients and in reliance on the conditions of use set by the FDA. Those safe and effective practices should not be disturbed by a decision completely untethered from the complexities of drug approval and healthcare delivery.

Finally, reinstatement of the in-person dispensing requirement would throw the reproductive healthcare delivery system into chaos and confusion, disrupting a status quo that has existed for years—indeed, providers and patients witnessed such a situation before it was abated by the Supreme Court's temporary stay in this matter. Some *amici* jurisdictions operate public hospital systems offering reproductive health services, including abortion medication.²² These systems operate alongside independent community clinics that commonly prescribe mifepristone via telemedicine. The impact of an in-person dispensing requirement will be felt even

²¹ Kristyn Brandi, *What to Know About Abortion and Miscarriages With or Without Mifepristone*, Am. Coll. Obstetricians & Gynecologists (Feb. 2025), <https://perma.cc/WYK2-PSBU>.

²² See, e.g., Health Services Los Angeles County, *Abortion* (last visited April 21, 2026) <https://perma.cc/A7PS-U6T5> (medication abortion offered by Los Angeles County's public hospital network).

more directly in certain jurisdictions where abortion is legal. This requirement increases demand for in-person appointments, thus burdening public and community systems and delaying access to care for all who seek abortions, whether in-person or online. Delay will be most severe where public hospitals, healthcare clinics, and facilities are already facing significant staffing and resource shortages. Furthermore, if the in-person dispensing requirement is reinstated, some patients will face delays in care, leading to more resource-intensive procedural abortions.

When a court's sudden ruling thwarts the timely and orderly delivery of reproductive and sexual healthcare, there are adverse consequences for both patients and public health. The impact on healthcare systems does not stop at abortion. *Amici* anticipate a ripple effect across the healthcare system in jurisdictions with abortion care protections, as reproductive and sexual healthcare providers—including providers in many of *amici*'s public hospitals and clinics—expend critical time and resources on medically unnecessary in-person appointments. Appointments, resources, and provider time are all limited, and reproductive care is time-sensitive: Eliminating mifepristone access via mail and pharmacy dispensing threatens access to other critical healthcare typically delivered in the same settings as abortion care, including birth control provision, cancer screenings, sexually transmitted infection

testing and treatment, prenatal care, ectopic pregnancy and/or miscarriage management, and beyond.²³

Louisiana’s request will harm people—including those in *amici*’s jurisdictions. The district court did not abuse its discretion in denying Louisiana’s requested preliminary relief and in determining that a stay in proceedings was proper given the FDA’s pending review of mifepristone.²⁴ *See Benisek v. Lamone*, 585 U.S. 155, 158 (2018) (assessment of the equities is subject to deferential review only for “an abuse of discretion”). The impending needless and widespread harm to the healthcare system must be averted to serve the public interest.

²³ *See* Br. of Am. Coll. of Obstetricians & Gynecologists and Other Medical Societies as *Amici Curiae* in Supp. of Appl. by Danco Laboratories to Stay the Fifth Circuit’s Stay Pending Appeal at 20-24, *Danco Lab ’ys*, No. 25A1207 (U.S. May 6, 2026) (explaining that restrictions on mifepristone have negative impacts on the broader healthcare system, not just on abortion care); Julia Strasser et al., *Penalizing Abortion Providers Will Have Ripple Effects Across Pregnancy Care*, Health Affs. Forefront (May 3, 2022) (explaining that miscarriage management can require the same clinical skills, medical training, and healthcare settings as abortion care), <https://perma.cc/96KG-TSE2>.

²⁴ *Amici* do not concede that such a review of the safety or efficacy of mifepristone is necessary; as pointed out by other *amici*, it is well-established for over a quarter century of use and since FDA approval that mifepristone is a safe and effective drug. *See, e.g.*, Br. of Amici Curiae 360 Reproductive Health Researchers in Supp. of Appls. by Danco and GenBioPro to Stay or Vacate the Fifth Circuit’s Stay Pending Appeal, *Danco Lab ’ys*, No. 25A1207 (U.S. May 6, 2026); Br. of Am. Coll. of Obstetricians & Gynecologists and Other Medical Societies as *Amici Curiae* in Supp. of Appl. by Danco Laboratories to Stay the Fifth Circuit’s Stay Pending Appeal at 7–12, *Danco Lab ’ys*, No. 25A1207 (U.S. May 6, 2026); Br. as *Amici Curiae* of Former Commissioners and Acting Commissioners of the U.S. Food & Drug Administration in Supp. of Appls. by Danco and GenBioPro to Stay or Vacate the Fifth Circuit’s Stay Pending Appeal 11-12, *Danco Lab ’ys*, No. 25A1207 (U.S. May 5, 2026).

CONCLUSION

The Court should deny Louisiana's request for a stay of the 2023 REMS and affirm the district court.

Respectfully submitted,

Dated: July 22, 2026

/s/ Jenny Ma

JENNY MA

KYRIAKI COUNCIL

ELIANA GREENBERG

PUBLIC RIGHTS PROJECT

490 43rd Street, #115

Oakland, CA 94609

(510) 738-6788

jenny@publicrightsproject.org

Counsel for Amici Curiae

ADDITIONAL COUNSEL

ROBERT MAGEE
Corporation Counsel
24 Eagle Street, Room 106
Albany, NY 12207
*Attorney for the City of Albany,
New York*

LAUREN KEEFE
City Attorney of Albuquerque
One Civic Plaza, 4th Floor
Albuquerque, NM 87102
*Attorney for the City of Albuquerque,
New Mexico*

CHERAN IVERY
City Attorney
301 King Street, Suite 1300
Alexandria, VA 22314
*Attorney for the City of Alexandria,
Virginia*

ROSALYN GUY-MCCORKLE
Allegheny County Solicitor
445 Fort Pitt Boulevard, Suite 300
Pittsburgh, PA 15219
*Attorney for Allegheny County,
Pennsylvania*

DEBORAH THOMAS
City Attorney
P.O. Box 1088
Austin, TX 78767
Attorney for the City of Austin, Texas

EBONY M. THOMPSON
City Solicitor
Baltimore City Department of Law
100 N. Holliday Street
Baltimore, MD 21202
*Attorney for City of Baltimore,
Maryland*

SCOTT KAPLAN
City Attorney
PO Box 4755
Beaverton, OR 97076
*Attorney for the City of Beaverton,
Oregon*

MICHAEL FIRESTONE
Corporation Counsel
One City Hall Square, Room 615
Boston, MA 02201
*Attorney for the City of Boston,
Massachusetts*

MEGAN B. BAYER
City Solicitor
City Hall, 795 Massachusetts Avenue
Cambridge, MA 02139
*Attorney for the City of Cambridge,
Massachusetts*

MARY B. RICHARDSON-LOWRY
Corporation Counsel
121 North LaSalle Street, Room 600
Chicago, IL 60602
*Attorney for the City of Chicago,
Illinois*

EMILY SMART WOERNER
City Solicitor
801 Plum Street, Room 214
Cincinnati, OH 45202
*Attorney for the City of Cincinnati,
Ohio*

ZACH KLEIN
City Attorney
77 North Front Street, 4th Floor
Columbus, OH 43215
*Attorney for the City of Columbus,
Ohio*

MIKO BROWN
City Attorney
1437 Bannock Street, Room 353
Denver, CO 80202
*Attorney for the City and County of
Denver, Colorado*

ALEXANDRA B. RUGGIE
Corporation Counsel
909 Davis Street
Evanston, IL 60201
Attorney for City of Evanston, Illinois

LEESA MANION
King County Prosecutor
CHRISTOPHER M. SANDERS
General Counsel to King County
Executive Girmay Zahilay
401 Fifth Ave, Suite 800
Seattle, WA 98104
*Attorneys for King County,
Washington*

BARBARA GRAVES-POLLER
Corporation Counsel
420 Broadway
Kingston, New York 12401
*Attorney for the City of Kingston,
New York*

HYDEE FELDSTEIN SOTO
City Attorney
200 North Main Street, 8th Floor
Los Angeles, CA 90012
*Attorney for the City of Los Angeles,
California*

DAWYN HARRISON
County Counsel
500 W. Temple Street
Los Angeles, CA 90012
*Attorney for the County of Los
Angeles, California*

MICHAEL HAAS
City Attorney
210 Martin Luther King Jr. Blvd.,
Room 401
Madison, WI 53703
*Attorney for the City of Madison,
Wisconsin*

BRIAN E. WASHINGTON
County Counsel
3501 Civic Center Drive, Suite 275
San Rafael, CA 94903
*Attorney for the County of Marin,
California*

KRISTYN ANDERSON
City Attorney
350 S. Fifth Street
Minneapolis, MN 55415
*Attorney for the City of Minneapolis,
Minnesota*

SUSAN K. BLITCH
County Counsel
188 W. Alisal Street, 3rd Floor
Salinas, CA 93901
*Attorney for the County of Monterey,
California*

JOHN P. MARKOV
County Attorney
101 Monroe Street, 3rd Floor
Rockville, MD 20850
*Attorney for Montgomery County,
Maryland*

WALLACE W. DIETZ
Director of Law
108 Historic Metropolitan Courthouse
1 Public Square, P.O. Box 196300
Nashville, TN 37219-6300
*Attorney for the Metropolitan
Government of Nashville and
Davidson County*

ALLISON R. JACOBS
Corporation Counsel
165 Church Street, 4th Floor
New Haven, CT 06510
*Attorney for the City of New Haven,
Connecticut*

MARK BARBER
City Attorney
601 Fourth Avenue East
Olympia, WA 98501
*Attorney for the City of Olympia,
Washington*

BRIAN HARDTKE
Deputy Prosecuting Attorney
930 Tacoma Avenue South,
Room 946
Tacoma, WA 98402
*Attorney for Pierce County,
Washington*

LISA MARCUS
City Solicitor
414 Grant Street
Pittsburgh, PA 15219
*Attorney for the City of Pittsburgh,
Pennsylvania*

ROBERT TAYLOR
City Attorney
1221 SW Fourth Avenue, Room 430
Portland, OR 97204
*Attorney for the City of Portland,
Oregon*

JEFFREY DANA
City Solicitor
444 Westminster Street, Suite 220
Providence, RI 02903
*Attorney for the City of Providence,
Rhode Island*

PATRICK BEATH
Corporation Counsel
30 Church Street, Room 400A
Rochester, New York 14614
*Attorney for the City of Rochester,
New York*

HEATHER FERBERT
City Attorney
1200 Third Ave., Suite 1100
San Diego, CA 92101
*Attorney for the City of San Diego,
California*

DAMON BROWN
County Counsel
1600 Pacific Highway, Room 355
San Diego, CA 92101
*Attorney for the County of San Diego,
California*

DAVID CHIU
City Attorney
City Hall Room 234 One Dr. Carlton
B. Goodlett Place
San Francisco, CA 94102
*Attorney for the City and County of
San Francisco, California*

SUSANA ALCALA WOOD
City Attorney
200 East Santa Clara Street,
16th Floor
San José, CA 95113
*Attorney for the City of San José,
California*

TONY LOPRESTI
County Counsel
70 West Hedding Street, East Wing,
9th Floor
San José, CA 95110
*Attorney for the County of
Santa Clara, California*

ERIKA EVANS
Seattle City Attorney
701 Fifth Avenue, Suite 2050
Seattle, WA 98104-7097
*Attorney for the City of Seattle,
Washington*

ROI LUSK
City Attorney
P.O. Box 27210
Tucson, AZ 85726-7210
*Attorney for the City of Tucson,
Arizona*

APPENDIX A – LIST OF *AMICI CURIAE*

Local Governments

City of Albany, New York
City of Albuquerque, New Mexico
City of Alexandria, Virginia
Allegheny County, Pennsylvania
City of Austin, Texas
City of Baltimore, Maryland
City of Beaverton, Oregon
City of Boston, Massachusetts
City of Cambridge, Massachusetts
City of Chicago, Illinois
City of Cincinnati, Ohio
City of Columbus, Ohio
City and County of Denver, Colorado
City of Evanston, Illinois
King County, Washington
City of Kingston, New York
City of Los Angeles, California
County of Los Angeles, California
City of Madison, Wisconsin
County of Marin, California
City of Minneapolis, Minnesota
County of Monterey, California
Montgomery County, Maryland
Metropolitan Government of Nashville & Davidson County, Tennessee
City of New Haven, Connecticut
City of Olympia, Washington

Pierce County, Washington
City of Pittsburgh, Pennsylvania
City of Portland, Oregon
City of Providence, Rhode Island
City of Rochester, New York
City of San Diego, California
County of San Diego, California
City and County of San Francisco, California
City of San José, California
County of Santa Clara, California
City of Seattle, Washington
City of Tucson, Arizona

Local Government Leaders

Luis Alejo
County Supervisor, County of Monterey, California

Lisa Anderson
Councilmember, City of Bellingham, Washington

Valarie Bachelor
School Board Director, City of Oakland, California

Lacey Beaty
Mayor, City of Beaverton, Oregon

Celina Benitez
Mayor, City of Mount Rainier, Maryland

Kendra Brooks
Councilmember At-Large and Minority Leader, City and County of Philadelphia, Pennsylvania

Lisa Brown
County Clerk, Oakland County, Michigan

Chelsea Byers
Mayor, City of West Hollywood, California

Barb Byrum
Clerk, Ingham County, Michigan

Chris Canales
Councilmember, City of El Paso, Texas

Katharine Clark
Clerk, County of Santa Fe, New Mexico

John Clark
Mayor, Town of Ridgway, Colorado

Emily Clouse
Commissioner, Thurston County, Washington

Laura Conover
County Attorney, Pima County, Arizona

Christine Corrado
Councilmember, Township of Brighton, New York

Olgy Diaz
City Councilmember, City of Tacoma, Washington

Roger Dickinson
Councilmember, City of Sacramento, California

Jilline Dobratz
City Clerk, City of West Bend, Wisconsin

Michael Dougherty
District Attorney, Boulder County, Colorado

Justin Douglas
County Commissioner, Dauphin County, Pennsylvania

Erin Evans, Ph.D.
Trustee of the County Board of Education, City of San Diego, California

Marilyn Ezzy Ashcraft
Mayor, City of Alameda, California

Bryan “Bubba” Fish
Vice Mayor and Councilmember, City of Culver City, California

Vanessa Fuentes
Councilwoman, City of Austin, Texas

Brenda Gadd
Councilmember, Metropolitan Nashville & Davidson County, Tennessee

John Q. Gale
Councilmember, City of Hartford, Connecticut

Heidi Garrido
City Councilmember, City of Hopkins, Minnesota

Jamie Gauthier
Councilmember, Philadelphia, Pennsylvania

Lorenzo Gonzalez
Councilmember, City of San Marcos, Texas

Lynn Goya
County Clerk, Clark County, Nevada

Martha Guerrero
Mayor, City of West Sacramento, California

Jonathan Guzmán
School Committee Member-at-Large, City of Lawrence, Massachusetts

Beau Harbin
*County Legislator and Democratic Minority Leader, County of Cortland,
New York*

Iliana Holguin
County Commissioner, El Paso County, Texas

Stephanie Howse-Jones
Councilmember, City of Cleveland, Ohio

Susan Hughes-Smith
County Legislator, Monroe County, New York

Christian Isaac
Civil Service Board Member, City of Tacoma, Washington

Lisa Kaplan
Councilmember, City of Sacramento, California

Tim Keller
Mayor, City of Albuquerque, New Mexico

Bryan Kennedy
Mayor, City of Glendale, Wisconsin

Rue Landau
Councilmember, At-Large, City and County of Philadelphia, Pennsylvania

Marc Laredo
Mayor, Newton, Massachusetts

Jerald Lentini
Director, Town of Manchester, Connecticut

Stephanie Loreda
President of the Board of Education, City of Culver City, California

Quinton Lucas
Mayor, Kansas City, Missouri

Neil Makhija
Commissioner, Montgomery County, Pennsylvania

Caity Maple
Vice Mayor and Councilmember, City of Sacramento, California

Yasmine-Imani McMorris
Councilmember, Culver City, California

William Moehle
Supervisor, Town of Brighton, New York

Mark Mullet
Mayor, City of Issaquah, Washington

Jessee Muñoz-Poland
Director, Town of Manchester, Connecticut

Jared Nicholson
Mayor, City of Lynn, Massachusetts

Dominick Pangallo
Mayor, City of Salem, Massachusetts

Dontae Payne
Mayor, City of Olympia, Washington

Veronica Pillar
County Legislator, County of Tompkins, New York

Jacqueline “Jack” Porter
City Commissioner, City of Tallahassee, Florida

Delishia Porterfield
Councilmember, Metropolitan Nashville & Davidson County, Tennessee

Aftab Pureval
Mayor, City of Cincinnati, Ohio

Josie Raymond
Councilmember, City of Louisville, Kentucky

Ryan Richardson
City Attorney, City of Oakland, California

Mike Riley
Councilmember, City of Bend, Oregon

Chris Roberts
Councilmember, City of Shoreline, Washington

Regina Romero
Mayor, City of Tucson, Arizona

Kim Roney
Councilmember, City of Asheville, North Carolina

Betsy Ruhe
City Council Representative, City of Louisville, Kentucky

Miguel Sanchez
Councilmember, City of Providence, Rhode Island

Dawn Marie Sass
Clerk/Deputy Treasurer, City of Exeter, Wisconsin

Eli Savit
Prosecuting Attorney, Washtenaw County, Michigan

Andy Schor
Mayor, City of Lansing, Michigan

Gina-Louise Sciarra
Mayor, City of Northampton, Massachusetts

Yibin Shen
City Attorney, City of Alameda, California

Seema Singh
City Councilmember, City of Knoxville, Tennessee

Brett P. Smiley
Mayor, City of Providence, Rhode Island

Matt Tuerk
Mayor, City of Allentown, Pennsylvania

Harvey Ward
Mayor, City of Gainesville, Florida

Ginny Welsch
Councilmember, Metropolitan Nashville & Davidson County, Tennessee

Leonardo Williams
Mayor, City of Durham, North Carolina

Jamila Winder
Commissioner, Montgomery County, Pennsylvania

CERTIFICATE OF SERVICE

I certify that I electronically filed the foregoing with the Clerk of the Court for the United States Court of Appeals for the Fifth Circuit by using the appellate CM/ECF system. I further certify that all participants in the case are registered CM/ECF users and that service will be accomplished by the appellate CM/ECF system.

Dated: July 22, 2026

/s/ Jenny Ma

JENNY MA

PUBLIC RIGHTS PROJECT

490 43rd Street, #115

Oakland, CA 94609

(510) 738-6788

jenny@publicrightsproject.org

Counsel for Amici Curiae

CERTIFICATE OF COMPLIANCE

This brief complies with the type-volume limitation of Fed. R. App. P. 32(a)(7)(B) because it contains 4,522 words, excluding the parts of the brief exempted by Fed. R. App. P. 32(f).

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Dated: July 22, 2026

/s/ Jenny Ma

JENNY MA

PUBLIC RIGHTS PROJECT

490 43rd Street, #115

Oakland, CA 94609

(510) 738-6788

jenny@publicrightsproject.org

Counsel for Amici Curiae