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[Supreme Court Picks State Govt Over People, Threatening Healthcare in Eastern Kentucky and Nation; State Protections Now](#)

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On June 26, the Supreme Court decided [Medina v. Planned Parenthood North Atlantic](#), overturning the nearly 60-year precedent that Medicaid recipients have a right to obtain medical care from any qualified provider. Under this new ruling, state governments can selectively restrict Medicaid coverage to healthcare providers while individuals have no right to sue to defend their choices. This ruling, Justice Ketanji Brown Jackson [argued](#) in her dissenting opinion, strips countless "Medicaid recipients around the country of a deeply personal freedom: the ability to decide who treats us at our most vulnerable."

The Supreme Court picked state government over the people in a state, threatening health care access in Eastern Kentucky and the nation. State protections are now needed.

Although prompted by South Carolina Governor Henry McMaster's executive order removing abortion clinics from his state's Medicaid program, the ruling's effects will reach across the country and far beyond abortion. Ironically, Julie Edwards, who initially sued for her right to choose her Medicaid provider, only went to the Planned Parenthood clinic to [receive](#) birth control as a part of managing her diabetes - not for an abortion. Yet because of this new ruling, Ms. Edwards, along with all other South Carolinian Medicaid recipients, has lost coverage for all the services offered by Planned Parenthood. Now, South Carolinians on Medicaid must either shoulder the massive financial burden of paying for services like cancer screenings and STI treatments without insurance or face deadly illnesses without their chosen healthcare provider.

Despite the obvious harm caused by restricting Medicaid coverage, more state governments are likely to pursue such restrictions as part of the continuing political battle over healthcare. Abortion may be mostly banned in Kentucky, but access to other common medical services remains highly contentious. Mifepristone, for example, remains technically legal because it helps protect women who've endured miscarriages, but is also heavily [regulated](#) due to fears that it could be used for abortions. As a result, Kentucky women seeking legal, potentially lifesaving treatment for miscarriages have struggled to receive care, as mifepristone has become "inaccessible" within the state [according](#) to Dr. Coy Flowers, the immediate past chair of Kentucky's chapter of the American College of Obstetricians and Gynecologists.

With its practical ban on mifepristone, the state government has proved that it cares more about enforcing its abortion agenda than protecting the health of its citizens. Moreover, the legislature has shown its willingness to impose practical bans on health services like providing mifepristone, while shielding itself from criticism by maintaining the product's nominal legality. Unfortunately, the Supreme Court's ruling on *Medina v. Planned Parenthood North Atlantic* will only make it easier for state governments to quietly limit healthcare access without passing official bans. By simply removing Medicaid coverage from healthcare providers that offer contraceptives, STI treatments, or other controversial health services, the state government could withhold access to essential healthcare for large segments of the population without inciting the same backlash that would follow a formal ban. Essentially, it's now easier than ever for politicians to push their agendas in spite of the popular will.

But removing Medicaid coverage from certain healthcare providers doesn't just affect Medicaid recipients seeking controversial services. [28%](#) of Kentuckians and over [40%](#) of Eastern Kentuckians rely on Medicaid for their health insurance. If the government restricts coverage of those recipients' chosen healthcare providers, they would lose access to the services they depend on. For rural Kentuckians especially, losing coverage for one's chosen provider could make accessing comparable services difficult or even impossible. Whether it's providing mifepristone, STI treatment, or contraceptives, many common medical services could lead to providers being targeted for Medicaid restrictions. Medicaid recipients who rely on these targeted healthcare providers could therefore lose coverage for treatment because of services they don't even use.

At a time when Medicaid faces federal [cuts](#) and judicial undermining, those who care about their medical freedoms and the health of their communities must demand stronger protections from their elected representatives.

Robert Weiner is former spokesman/senior staff in the Clinton and Bush White Houses, spokesman for the House Government Operations and Oversight Committee, and for Congressmen John Conyers, Charles Rangel, Claude Pepper, Ed Koch, Sen. Ted Kennedy, and 4-Star Gen. Barry McCaffrey. Charles Rutledge is a Policy Analyst at Robert Weiner Associates and the Solutions for Change Foundation, and a current college student at The University of Chicago.

HEADSHOT LINKS (if desired)

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