Logan T. Johnston, # 009484
JOHNSTON LAW OFFICES, P.L.C.
1402 E. Mescal Street
Phoenix, AZ 85020
Telephone: (602) 452-0615
Email: ltjohnston@live.com
Attorneys for Defendant Thomas Betlach

UNITED STATES DISTRICT COURT

DISTRICT OF ARIZONA

AITA DARJEE on her own behalf and on behalf of her minor child N. D.; and ALMA SANCHEZ HARO on behalf of themselves and all others similarly situated, Plaintiffs, v. THOMAS BETLACH, Director of the Arizona Health Care Cost Containment System, in his official capacity, Defendant.	**CV-16-00489-TUC-RM (DTF)** **RESPONSE TO MOTION FOR PRELIMINARY INJUNCTION** **(Oral Argument Requested)**

Defendant Thomas Betlach, Director of the Arizona Health Care Cost Containment System ("AHCCCS"), hereby responds in opposition to the Plaintiffs' Motion for Preliminary Injunction. The Plaintiffs' Motion fails in each aspect of the necessary analysis. The Plaintiffs do not show a likelihood of success on the merits for either of their two Claims for Relief. They demonstrate neither ongoing irreparable injury nor the likelihood of it. They had, and continue to have, an adequate remedy at law. In addition, their long delay in requesting the relief they seek means the public interest and the balance of hardships weigh in favor of the State. This Response is supported by the attached Declaration of Tara Lockner ("Ex. A") and exhibits thereto.

I. Background

As set forth in Exhibit A, the Department of Economic Security (DES) processes around 100,000 renewal determinations each month for AHCCCS. In August 2015, Plaintiffs' counsel notified DES of a case in which a person's full AHCCCS benefits had been incorrectly reduced to emergency-only (FES) services. In October 2015, Plaintiffs' counsel alerted AHCCCS to apparently similar reductions in benefits for additional AHCCCS-eligible immigrants. AHCCCS examined the errors and identified computer and human errors as the causes. AHCCCS reexamined the cases of every immigrant whose benefits were reduced from full to FES between January 1, 2014 and January 25, 2016. Of these, around 2,400 were correctly reduced to FES. Approximately 3,500 had been incorrectly reduced. AHCCCS retroactively restored these people to full benefits and offered to pay any out-of-pocket expenses they incurred in obtaining care while their benefits were reduced. It fixed the computer problem the Plaintiffs allege (Complaint, ¶ 45) on November 19, 2015, and it has been working with DES ever since to improve performance of its eligibility workers.

In subsequent months, AHCCCS reviewed cases of individuals brought to the agency's attention by Plaintiffs' counsel and conducted periodic reviews of all immigrants whose benefits were reduced to FES since January 2016. It found 1,429 whose benefits were correctly reduced and 393 persons whose benefits were incorrectly reduced. All of the latter group have been restored to full benefits, except for 29 who will be completed by September 14, 2016. *Ex. A, ¶ 19.* Review of another 26 individuals continues because the available, reliable information is as yet either

incomplete or conflicting. *Id.* Among those whose benefits were fully restored are the two Plaintiffs.

Plaintiffs' counsel could have filed this case ten months ago but let AHCCCS reexamine thousands of people's cases. The Plaintiffs now ask the Court to enter a remarkable injunction. First, they ask that the Director be indefinitely prohibited from reducing any person from full to FES benefits, whether or not the person is eligible for full benefits. Then they ask the Court to interrupt the review process AHCCCS has in place and require that every one of thousands of people who *ever* received a notice of reduced benefits be made prospectively eligible for full AHCCCS benefits until after they receive new notices of the old reductions in benefits. Third, they ask that the Director not be permitted to send notices, whether for renewals or new applicants, "that violate [the law]." They request this relief even though they have not alleged any errors in AHCCCS's review process and though they have not identified *anyone* eligible for full benefits whose benefits have not been restored. [1]

II. The Injunction Standard

"A plaintiff seeking a preliminary injunction must establish that he is likely to succeed on the merits, that he is likely to suffer irreparable harm in the absence of preliminary relief, that the balance of equities tips in his favor, and that an injunction is in the public interest." *Winter v. Natural Resources Defense Council, Inc.*, 555 U.S. 7,

[1] They have provided declarations from two additional persons. Stephania Nyirandekeyaho's benefits were restored shortly after the Complaint was filed. Adam Humed's benefits were never reduced to FES.

21 (2008). Alternatively, in the Ninth Circuit, a preliminary injunction is proper if there are serious questions going to the merits, there is a likelihood of irreparable injury to the plaintiff, the balance of hardships tips sharply in favor of the plaintiff, and the injunction is in the public interest. *Alliance for the Wild Rockies v. Cottrell*, 632 F.3d 1127, 1131–32 (9th Cir.2011).

A preliminary injunction is "an extraordinary and drastic remedy, one that should not be granted unless the movant, *by a clear showing*, carries the burden of persuasion." *Lopez v. Brewer*, 680 F.3d 1068, 1072 (9th Cir. 2012), citing *Mazurek v. Armstrong*, 520 U.S. 968, 972, (1997) (emphasis in original). "In cases such as the one before us in which a party seeks mandatory preliminary relief that goes well beyond maintaining the status quo *pendente lite*, courts should be extremely cautious about issuing a preliminary injunction." *Martin v. International Olympic Committee*, 740 F.2d 670, 675 (9th Cir. 1984).

III. The Plaintiffs have not demonstrated a Likelihood of Success on the Merits of their Claim under the Reasonable Promptness Statute.

As discussed in the Director's Motion to Dismiss, the reasonable promptness statute, 42 U.S.C. § 1396a(a)(8), requires a Medicaid state plan to "provide that all individuals wishing to make application for medical assistance under the plan shall have opportunity to do so, and that such assistance shall be furnished with reasonable promptness to all eligible individuals." To the extent this statute applies to eligibility determinations rather than actual services, it was intended, as its plain language states, to require timeliness. *See Sobky v. Smoley*, 855 F. Supp. 1123, 1148 (E.D. Cal. 1994)

(statute designed to prevent waiting lists). Cases involving the reasonable promptness statute typically involve either delays in the provision of services or complete termination of Medicaid benefits without first determining if the person was eligible for any other categories of Medicaid assistance. *See, e.g. Crippen v. Kheder*, 741 F.2d 102, 106–07 (6th Cir. 1984).

The only legal support for the Plaintiffs' theory that reasonable promptness "implies" error-free eligibility determinations is *Romano v. Greenstein*, 2012 WL 1745526 (E.D. La. 2012), *aff'd*, 721 F.3d 373 (5th Cir. 2013). In that case, an individual was granted summary judgment on her claim that the Louisiana Medicaid agency had failed to follow a required federal eligibility process. The court reasoned as follows:

> A Medicaid regulation implementing [the reasonable promptness] statute provides that "[t]he agency must ... continue to furnish Medicaid regularly to all eligible individuals until they are found to be ineligible." 42 C.F.R. § 435.930(b). This provision implies that assistance may not be terminated until an individual is *properly* found ineligible.

2012 WL 1745526, at *8 (footnotes omitted) (emphasis in original).

No other decision we can find has ever come to this conclusion. The *Romano* court supported this conclusion by citing two of the cases in which terminations of benefits were reversed because the agencies involved had failed to determine whether other eligibility categories might have been available to the terminated individual. Neither case held that a mistaken determination where the person continues to be eligible for Medicaid violates 42 C.F.R. § 435.930(b).

No court has followed *Romano* since it was decided. The plain language of 42 C.F.R. § 435.930(b) simply says a state must cover a person until they are ineligible for

any benefits, as in cases like *Crippen, supra*. It does *not* imply that a mistaken reduction in eligibility that does not terminate the person's coverage violates the law. If it did, there would be legions of cases finding violations of this rule whenever individuals were found eligible for one Medicaid category but not another. *Every* mistake in a determination of benefits would violate this rule. The federal government provides no support for this theory. Its discussion of possible wrongful terminations does not even mention 42 C.F.R. § 435.930(b). It says instead:

> If there is a pattern of incorrect terminations, the Medicaid agency is responsible for taking corrective action. Beneficiaries also have the right to appeal any termination that they believe is erroneous, as described in § 431.220.

Medicaid Program; Eligiblity Changes Under the Affordable Care Act of 2010, 77 FR 17144-01, 17183-17184.

In this case, the Complaint's conclusory allegations as to "policies and practices" of the Director that allegedly violate the reasonable promptness statute fail even to state a claim. The Complaint alleges a failure to make determinations *correctly*, rather than a failure to complete them *promptly*, and it fails to connect any of the faults it alleges in AHCCCS "policies and practices" (i.e. requests for "unnecessary" alien identification numbers and immigration status, use of an improper *ex parte* procedure, or even the computer flaw discovered in 2015) to the Plaintiffs.[2] In short, they fail to allege any facts to show that AHCCCS procedures violate the federal process. Moreover, they

[2] They speculate, for instance, based upon the factually unsupported "information and belief" of attorney Anne Ryan, that there may be some aspect of the AHCCCS computer programs that is "inconsistent" with the federal processes because some persons' AHCCCS eligibility changed while their food stamps did not.

offer no evidence that any of these suggested problems caused their eligibility to be reduced.

The Director denies the existence of any "policy or practice," custom, or usage that is the cause of the errors that have occurred since the computer problem was fixed. Human error on the part of eligibility workers, resulting from the sheer complexity of the renewal task, is the reason for most errors and the average of about 60 errors per month since the computer problem was fixed seems hardly surprising, since eligibility workers must annually review renewals for 1,231,000 AHCCCS recipients. The law regarding immigrant rights under Medicaid is particularly complex. And up to half of immigrants have changes during a year that may affect their eligibility. [3]

Individual circumstances that may affect renewal determinations include persons who have multiple ID numbers, multiple persons with the same ID number, failure of the United States Citizenship and Immigration Services (USCIS) database to recognize the individual, refusal by the recipient to produce needed documentation, inability to confirm the person has been in this country continuously since before August 22, 1996, and misstatement by the recipient of information, including his or her immigration status. In addition, the initial determination of eligibility that is being renewed may itself have been incorrect. Grants of asylum may be terminated. 8 USC

[3] Research has indicated that 33-50 percent of people experience a change in circumstance that may impact their eligibility for coverage. . . . [These people] will need to provide additional information to the State so that their eligibility can be renewed." *Medicaid Program; Eligibility Changes Under the Affordable Care Act of 2010, 77 FR 17144-01.*

1158(c)(2). Refugee status may be revoked. 8 USC 1157(c)(4). Lawful permanent residence may be rescinded. 8 USC 1256. Qualified aliens have various eligibility limitations they must meet. 8 USC 1612.

Mistakes in the renewal process are anticipated by the courts, *see Robertson v. Jackson*, 766 F. Supp. 470, 476 (E.D.Va.1991), *aff'd*, 972 F.2d 529 (4th Cir.1992) (recognizing human error and allowing a 3% margin of error). Mistakes are anticipated by the federal government, which allows states 3-4% error rates before corrective action is required. 81 FR 40596-01, 2016 WL 3402966(F.R.) (3% error rate allowed); 45 FR 6326-01(1980) (4% error rate allowed). The 60 erroneous determinations per month are less than half the average for the period when the computer problem existed. Since, as a matter of common sense, at least some of these cases are simple mistakes, the number that even *could be* due to an unlawful policy or practice is smaller than one might expect if there were really a policy or practice, rather than human error, at work.

But, as there has been no discovery, we cannot yet tell which party's belief as to the cause of the errors is correct. The Plaintiffs' record consists of vague allegations in their Complaint, many of which are made on unsubstantiated information and belief, and declarations of three people whose benefits have been restored. It is the Plaintiffs' burden to demonstrate they are likely to prevail on the merits of their reasonable promptness claim. They have not met this burden even as to their own individual cases, let alone by a showing of any ongoing policy or practice that violates the law and causes the occasional errors that continue to occur.

IV. The Plaintiffs Fail to Demonstrate a Likelihood of Success on their Due Process and 42 U.S.C. § 1396a(a)(3) Allegations.

The Plaintiffs contend the Director violates 42 U.S.C. § 1396a(a)(3), which requires state plans to "provide for granting an opportunity for a fair hearing before the State agency to any individual whose claim for medical assistance under the plan is denied or is not acted upon with reasonable promptness." Medicaid regulations create a series of rules at 42 C.F.R. § 431.200 et seq. to specify when notice is required, the content of the notice, when it must be sent, and the rights of the recipient to a hearing and to continued benefits pending a hearing.

The Director complies with all of these rules. The notices sent to the three individuals the Plaintiffs' Motion identifies demonstrate this. *See attached Exhibits B (Darjee), C (Sanchez Haro), and D (Nyirandekeyaho).* All three notices inform the individual that they have been renewed for "FEDERAL EMERGENCY SERVICES ONLY . . . You can get emergency services coverage only. You cannot get full medical services because of your immigration status." [4] All three explain, "An emergency service is: 1. a sudden medical problem; and 2. may cause death or serious injury if you are not treated right away." All three list the applicable legal authority for the decision and state where these legal authorities may be found. All three include a section that says, "WHAT IF YOU DO NOT UNDERSTAND THIS LETTER" and

[4] Ms. Nyirandekeyaho's notice says, "We changed your medical assistance coverage . . . We will STOP full medical services and START federal emergency services on 8/1/2016. We took this action because your immigration status does not let you get full medical services."

provides a phone number to call. All three include sections that say, "WHAT IF YOU DO NOT AGREE WITH OUR DECISION," that explain hearing rights in detail. All three explain "How to Request a Fair Hearing" and the "Option to Continue Benefits." Each notice provides phone numbers for entities that will provide "free legal advice" and each provides a form notice of appeal the person may use to request a hearing.

The Motion makes arguments the Declarants do not. The Motion argues the notices do not explain the difference between emergency-only services and full benefits; says they are "confusing" because they do not explain legal references and some of the references are not "applicable;" says AHCCCS should make the legal materials available to the person instead of stating they are available at a public library or online; says the notices are "incorrect" in stating a person who appeals may review her case file; says the notices are confusing in stating the person's right to continued benefits; and says the notices do not allow the recipient to "fully understand the action the agency intends to take." *Dkt. 20, pp. 16-17*. The Motion concludes, "The totality of the statutory and constitutional deficiencies in the notice is that the recipient immigrant is not provided meaningful information to understand their rights to benefits, whether AHCCCS made an error and their rights to appeal." *Id., 17*.

But 1) the Plaintiffs do not cite any legal authority that supports any of their specific criticisms and 2) none of the Declarants supports these statements. They are simply arguments of counsel. In fact, the notices *do* explain the agency's action, do state the reasons for that action, do explain what emergency services are, do give the laws and regulations relied upon, where they can be found, and how the person may

obtain free legal advice or more information from the agency. They do explain rights on appeal including rights to continued benefits pending the appeal.

Indeed, the three individuals have almost nothing to say about the notices. Ms. Darjee states she did not get a notice, although one was mailed to her at her correct address. *Dkt. 12; Ex. B.* Ms. Nyirandekeyaho contends she could not understand the notice she received because it was in English and had no information in Kirundi. The Motion does not contend AHCCCS was required to provide notice in Kirundi. In any event, she understood to go to DES, where she spoke to someone in English and apparently made an appointment to get further information on August 15. *Dkt. 14.* Ms. Nyirandekeyaho's criticism of the notice simply does not support the Motion.

That leaves Ms. Sanchez Haro, who declares she and her daughter could not understand "why she was not eligible for full AHCCCS." She called the number provided in case she had questions and spoke in Spanish to a person who told her she was not eligible for full benefits because she had not been a legal permanent resident for five years [and] . . . the law changed in January 2016." *Dkt. 11.* From what little her Declaration says, we do not know as yet what Ms. Sanchez Haro could not understand or why. It is unclear whether she means she and her daughter could not understand the words of the notice or could not understand the result, since she did not think her immigration status had changed. Her action in seeking answers from DES suggests the latter. Yet she learned details of the decision and still did not appeal.

These notices comply with 42 C.F.R. § 431.210, which requires notices of reduced benefits to include:

> a) A statement of what action the State, skilled nursing facility, or nursing facility intends to take;
> (b) The reasons for the intended action;
> (c) The specific regulations that support, or the change in Federal or State law that requires, the action;
> (d) An explanation of—(1) The individual's right to request an evidentiary hearing if one is available, or a State agency hearing; or (2) In cases of an action based on a change in law, the circumstances under which a hearing will be granted; and
> (e) An explanation of the circumstances under which Medicaid is continued if a hearing is requested.

The Plaintiffs, however, rely on a series of cases that hold that mathematical calculations of income or support thresholds must be provided when that is the basis of an eligibility decision so a person can check the numbers on which a change in eligibility is predicated. They cite, for example, *Rodriguez v. Chen,* 985 F.Supp. 1189, 1194–95 (D.Ariz.1996), where notice of an individual's change in benefits "due to household excess income" or because the person's "net income exceeds [the] maximum allowable," was held too vague because the notices did not provide any figures the individual could check. *Barnes v. Healy*, 980 F.2d 572 (9th Cir. 1992), *Ortiz v. Eichler*, 794 F.2d 889 (3rd Cir. 1986), and *K.W. v. Armstrong*, 298 F.R.D. 479 (D. Idaho 2014) are all to the same effect. This kind of specificity has not been required outside the computation context.

Here, we are not dealing with numbers or calculations but with analyses of which of two types eligibility (full or FES benefits) the person was entitled to by virtue of her immigration status. Both Ms. Sanchez Haro and Ms. Nyirandekeyaho could understand their benefits had been reduced because of their immigration status. If they believed their status had not changed, then the reductions were in error. They knew to

promptly call or visit DES to argue their point. Neither contends she did not understand the effect of the notice. Neither contends she did not understand her rights to appeal, obtain continued service, get free legal advice, ask questions about the notice or obtain a fair hearing.

Both received the notice that is required by Medicaid rules. Both were given an opportunity to be heard "at a meaningful time and in a meaningful manner" to argue that their immigration status had not changed and that the reduction in benefits was therefore erroneous. *Goldberg v. Kelly*, 397 U.S. 254, 267 (1970). Sanchez Haro and Nyirandekeyaho do not contend they were prejudiced by the notices they received. Where it is clear the individual knew why an action had been taken and could show no prejudice from lack of greater detail, he fails to show a violation of due process. *Hopkins v. Department of Human Services*, 802 A.2d 999, 2002 ME 129. These individuals simply do not provide evidence to support their counsel's arguments about defects in the notices, either singly or as a "totality."

The Plaintiffs have failed to carry their burden to show a likelihood of success that the AHCCCS notices violate either due process or the Medicaid rules. At most, the conclusory sentence on the subject provided by Sanchez Haro raises questions for which discovery is necessary before one may fairly infer AHCCCS is violating the law.

V. The Plaintiffs Fail to Demonstrate Irreparable Injury or its Likelihood.

"Issuing a preliminary injunction based only on a possibility of irreparable harm is inconsistent with our characterization of injunctive relief as an extraordinary remedy that may only be awarded upon a clear showing that the plaintiff is entitled to such

relief." *Winter, supra*, 555 U.S. at 22. These Plaintiffs are suffering no irreparable injury, nor are they likely to. Their benefits have been fully restored. Even if their eligibility were to be changed in the future in a way they believe erroneous, they have an entirely adequate remedy at law to appeal the change and automatically continue their benefits while their status is being examined. Ms. Sanchez Haro, for instance, could have avoided *any* hardship by sending back the notice of appeal included with her notice of change in benefits. They identify *no one* who is suffering harm or likely to do so.

VI. The Plaintiffs Fail to Demonstrate the Balance of Hardships or the Public Interest Weigh in their Favor.

The requested injunction asks the Court to indefinitely enjoin *any* further reductions in immigrant eligibility, including for persons who are legally ineligible to receive full benefits. No condition upon which this prohibition would be lifted is suggested. The Plaintiffs offer no rationale as to why such an injunction would be appropriate in this case, and they cite no basis upon which the Court could order the State to suspend Medicaid eligibility laws and require the State and federal government to pay for benefits that would otherwise be unlawful to provide. (The federal government pays approximately two-thirds of AHCCCS' expenditures.) This relief goes well beyond maintaining a status quo in which erroneous benefit reductions are down to a manageable few that are being promptly corrected and for which individuals have a ready means to prevent any interruption in benefits. Instead, this request has the effect of a punitive, mandatory injunction to approve all renewals, regardless of merit.

Second, the requested injunction would require the State to pay full benefits for thousands of persons AHCCCS has already reexamined and found to be ineligible. Such persons would enjoy benefits they are not entitled to, at public expense, until such time as AHCCCS sends out new notices for its old reductions. That time would not come until the Plaintiffs' counsel had fully argued all their unsupported criticisms of the AHCCCS notices and were satisfied the new notices do not "violate the [law]". The requested relief would also do nothing to benefit the thousands for whom AHCCCS has already restored full benefits. Third, they ask the Court to require AHCCCS to change notices for groups the Plaintiffs do not even pretend to represent (first-time applicants who receive FES benefits).

None of this is in the public interest. Spending scarce public funds to pay for full benefits to thousands of people who have been found ineligible for such benefits has no legal or logical merit. Doing so would jeopardize payment of the federal share of AHCCCS expenses and would be a clear hardship to the State and nothing more than a windfall to thousands of ineligible persons. Reopening these cases to determine who has been "improperly" reduced in benefits would ignore and waste the substantial time, expense, and effort AHCCCS has been spending for months in reexamining these cases. The Plaintiffs provide no evidence whatever that the second determinations made by AHCCCS have been incorrect.

The likely result of the new notices, which would include the right of continued benefits simply by filing a notice of appeal, is an avalanche of appeals as soon as the new notices go out, causing AHCCCS and DES to reopen and rework all these cases a

third time, an exercise that would necessarily divert funds and agency personnel from other AHCCCS and DES programs. This result would be a hardship not only for the agencies, but also an indirect hardship for *eligible* recipients whose services would be lessened or delayed as a result of this wasteful diversion of time, money, and effort.

Balanced against these interests are those of the Plaintiffs, whose benefits have already been restored and who have no demonstrated likelihood of future injury. Any other person who may be subject to future errors will have an adequate and effective remedy at law in the form of the appeal rights each AHCCCS recipient already has. The person can avoid any hardship by simply appealing any change in benefits they believe may be erroneous. The public interest would be much better served by letting AHCCCS highlight the various remedies the individual has in its notices of benefit changes while it continues the status quo of reexamining each reduction from full to FES benefits and restoring full benefits where mistakes are made.

VII. The Requested Relief is Overbroad.

The Plaintiffs' Motion makes no attempt to justify the breadth of the preliminary relief it requests. Doing so would be difficult. "Injunctive relief should be narrowly tailored to fit specific legal violations. . . . [T]he scope of the injunction should be coterminous with the infringement." *Metro-Goldwyn-Mayer Studios, Inc. v. Grokster, Ltd.*, 518 F. Supp. 2d 1197, 1226 (C.D. Cal. 2007) (internal citations and quotation marks omitted). Moreover, "Due to concerns of comity and federalism, the scope of federal injunctive relief against an agency of state government must always be

narrowly tailored to enforce federal constitutional and statutory law only." *Toussaint v. McCarthy*, 801 F.2d 1080, 1089 (9th Cir. 1986), *cert. denied*, 481 U.S. 1069 (1987).

The injunction requested in this case would violate these requirements. No aspect of it is narrowly tailored to any specific "infringement" or to any specific goal. It would violate, not enforce, federal law to provide benefits to persons who are not eligible under federal law to receive them.

CONCLUSION

The Plaintiffs fail to establish that they are *likely* to succeed on the merits, that they are *likely* to suffer irreparable harm in the absence of preliminary relief, that the balance of equities tips in their favor, *and* that an injunction is in the public interest. *Winter, supra.* Under a sliding scale analysis, they have the same problems. Even if given the benefit of the doubt that they raise "serious questions," they still fail to show a likelihood of irreparable injury, a balance of hardships tipped sharply in their favor, and a public interest that favors the relief they seek.

Director Betlach requests that the Motion for Preliminary Injunction be denied.

RESPECTFULLY SUBMITTED this 9th day of September, 2016.

JOHNSTON LAW OFFICES PLC

By: /s/ Logan Johnston
Logan T. Johnston
1402 E. Mescal Street
Phoenix, AZ 85020
Attorneys for Defendant Thomas Betlach

CERTIFICATE OF SERVICE

The undersigned hereby certifies that on September 9, 2016, he electronically transmitted the foregoing Defendant's Response to Motion for Preliminary Injunction to the Clerk's Office using the ECF System for filing and transmittal of a Notice of Electronic filing to the following CM/ECF registrants:

Ellen Sue Katz
WILLIAM E. MORRIS INSTITUTE FOR JUSTICE
3707 N. 7TH STREET, SUITE 220
PHOENIX, AZ, 85014

Martha Jane Perkins
NATIONAL HEALTH LAW PROGRAM
200 N. Greensboro St., SuiteD-13
Carrboro, NC 27510

Corilee Racela
NATIONAL HEALTH LAW PROGRAM
3701 Wilshire Blvd., Suite 750
Los Angeles, CA 90010
Attorneys for Plaintiffs

_/s/ Logan Johnston_____