



State Law Alternatives for Medicaid Enforcement: Issue Brief 3 – State Constitutional Claims Steven Schmidt

I. Introduction

Recent decisions from the U.S. Supreme Court have continued to maintain the high hurdle that plaintiffs must clear to enforce various requirements of the Medicaid Act through 42 U.S.C. § 1983.¹ Some federal courts have also grown increasingly hostile to impact litigation that seeks to hold states accountable for the unlawful administration of their social services programs.² This environment presents an opportunity for advocates to examine whether legal claims in state courts can provide an avenue to enforce and improve access to health care for low-income and underserved individuals.

This issue brief series examines various state law legal claims that advocates may want to pursue to strengthen state Medicaid coverage. The **first issue brief** in this series covered writs of mandamus, and **the second brief** covered state Administrative Procedure Act claims. This issue brief will discuss state constitutional claims, and a future issue brief will examine state anti-discrimination law claims.

The language of each state constitution is different, and thus the viability of a state constitutional claims will be state specific. The goal of this brief is to provide a general overview of the types of state constitutional claims related to health care rights that advocates may pursue. Advocates should thoroughly research their own state's constitution and caselaw interpreting constitutional provisions before pursuing a state constitutional claim.

¹ See, e.g., *Medina v. Planned Parenthood S. Atl.*, 606 U.S. 357, 385 (2025) (holding that 42 U.S.C. § 1396a(a)(23) is not privately enforceable through § 1983).

² See, e.g., *Jonathan R. v. Morrisey*, 768 F. Supp. 3d 756 (S.D. W. Va. 2025), *rev'd and remanded sub nom. Jonathan R. by Next Friend Dixon v. Morrisey*, 178 F.4th 139 (4th Cir. 2026) (rejecting *sua sponte* judge's view that "[c]onstitutional limits prevent the court from crafting public policy and administering state agencies").

II. State Constitutional Claims

A. Background

State constitutions have long been a source of individual rights, with some state constitutions predating the federal constitution.³ The rise in modern day state constitutional litigation is credited to U.S. Supreme Court Justice William Brennan, who drafted two law review articles that sparked renewed interest in state constitution as a source of independent rights.⁴ In his first article, Justice Brennan wrote:

“[T]he decisions of the [U.S. Supreme] Court are not, and should not be, dispositive of questions regarding rights guaranteed by counterpart provisions of state law. Accordingly, such decisions are not mechanically applicable to state law issues, and state court judges and the members of the bar seriously err if they so treat them.”⁵

“Rights enumerated in the United States Constitution have often been described as negative rights, recognizing only what areas the government cannot infringe upon. . . . By contrast, many state constitutions contain the textual basis for affirmative rights, i.e., entitlements that the government must secure for its citizens.”⁶ Under their own constitutions, states have “the power to provide broader standards, and go beyond the minimum floor which is established by the federal Constitution.”⁷

Importantly, the United States Supreme Court will not review a decision of a state court if the “decision indicates clearly and expressly that it is alternatively based on bona fide separate, adequate, and independent [state law] grounds.”⁸ Consequently, interpretations of state constitutions by state supreme courts that protect or expand health care rights cannot be reversed by the United States Supreme Court.

³ See, e.g., Mass. Const. (effective October 25, 1780).

⁴ See William J. Brennan, Jr., *State Constitutions and the Protection of Individual Rights*, 90 Harv. L. Rev. 489 (1977); William J. Brennan, Jr., *The Bill of Rights and the States: The Revival of State Constitutions as Guardians of Individual Rights*, 61 N.Y.U. L. Rev. 535 (1986).

⁵ William J. Brennan, Jr., *State Constitutions and the Protection of Individual Rights*, 90 Harv. L. Rev. 489, 502 (1977).

⁶ *Lobato v. State*, 218 P.3d 358, 370–71 (Colo. 2009); see also William J. Brennan, Jr., *The Bill of Rights and the States: The Revival of State Constitutions As Guardians of Individual Rights*, 61 N.Y.U. L. Rev. 535, 549 (1986) (“It must further be remembered that the Federal Bill was enacted to place limits on the federal government while state bills are widely perceived as granting affirmative rights to citizens.”).

⁷ *Commonwealth v. Molina*, 104 A.3d 430, 441 (Pa. 2014).

⁸ *Michigan v. Long*, 463 U.S. 1032, 1041 (1983).

B. Potential Medicaid-related State Constitutional Claims

1. Equal Protection and Equal Rights Amendments

Advocates who are considering a Fourteenth Amendment equal protection claim should evaluate whether a state constitutional equal protection claim ought to be pursued in addition to or instead of the federal claim.⁹ Pursuing a state rather than federal equal protection claim may be advisable because of a heightened standard of review that exists under some state constitutions.

Under the federal constitution, an equal protection claim that alleges unequal treatment based on disability is analyzed under “rational basis” review, which only requires the state to show that government action is rationally related to a legitimate government interest.¹⁰ It is very difficult, although not impossible, for plaintiffs to successfully show that a government action fails the rational basis test.¹¹

However, some states apply a higher standard of review for disability-based equal protection claims. The Connecticut constitution specifically references disability in its equal protection clause,¹² and therefore people with disabilities are “a constitutionally protected class of persons whose rights are protected by requiring encroachments on these rights to pass a strict scrutiny test.”¹³ Strict scrutiny requires the state to show that its action “(1) serves a compelling state interest, and (2) is narrowly tailored to serve that interest.”¹⁴ In New Mexico, although “disability” is not specifically singled out in its state constitution, the state supreme court has held that “intermediate scrutiny” should apply “to classifications based on mental disability because such persons are a

⁹ In framing any complaint, remember that sovereign immunity prevents a state constitutional claim from being decided in federal court, *see Pennhurst State School & Hospital v. Halderman*, 465 U.S. 89 (1984), and inclusion of a federal constitutional claim in a state complaint risks removal to federal court, *see* 28 U.S.C. § 1441.

¹⁰ *See City of Cleburne, Tex. v. Cleburne Living Ctr.*, 473 U.S. 432, 442 (1985).

¹¹ *See Timm v. Mont. Dep't of Pub. Health & Hum. Servs.*, 184 P.3d 994, 1004 (Mont. 2008) (applying rational basis review but holding that Montana’s rule prohibiting ownership of property in a trust is a violation of Montana’s equal protection clause because the state could provide no rational reasons for “allowing LLCs an exclusion for property in some situations, while denying outright any exclusions for property held in a corporate or trust form”).

¹² *See* Conn. Const. art. I, § 20 (“No person shall be denied the equal protection of the law nor be subjected to segregation or discrimination in the exercise or enjoyment of his or her civil or political rights because of religion, race, color, ancestry, national origin, sex or physical or mental disability.”).

¹³ *See Daly v. DelPonte*, 624 A.2d 876, 883 (Conn. 1993).

¹⁴ *Id.* at 884.

sensitive class.”¹⁵ In New Jersey, courts in some decisions have rejected the distinction between rational basis and strict scrutiny, instead applying a “balancing test” to determine if there has been an equal protection violation of the state constitution.¹⁶

State Equal Rights Amendments (ERAs) may also provide support for state constitutional equal protection claims. Under the Pennsylvania ERA, “a sex-based distinction is presumptively unconstitutional, and it is the government's burden to rebut the presumption with evidence of a compelling state interest in creating the classification and that no less intrusive methods are available to support the expressed policy.”¹⁷ Under this strict scrutiny framework, the Pennsylvania Supreme Court struck down the state’s coverage restriction for abortion care provided under the state’s Medicaid program.¹⁸

In New York, courts historically have held that that “the New York Constitution provides for equivalent equal protection safeguards” to the federal constitution.¹⁹ As a result, New York courts have traditionally applied the rational basis review standard for disability-related equal protection claims.²⁰ However, in November 2024, New Yorkers voted to adopt an ERA. Effective January 1, 2025, the New York constitution’s equal protection clause prohibits discrimination against numerous protected classes, including “disability . . . gender expression . . . pregnancy . . . and reproductive healthcare and autonomy.”²¹

There have been few cases so far interpreting the New York ERA, most focusing on whether the law should apply retroactively. However, at least one New York court has recognized that “[w]hile the New York and federal equal protection clauses *were* co-extensive for a long period of time, that certainly can no longer be the case following the Equal Rights Amendment.”²² Consequently, the New York ERA may now provide

¹⁵ *Breen v. Carlsbad Mun. Schs.*, 120 P.3d 413, 422-23 (N.M. 2005). “Intermediate scrutiny” requires the state to show that the challenged action is “is substantially related to an important government interest.” *Id.* at 423.

¹⁶ *See, e.g., Right to Choose v. Byrne*, 450 A.2d 925, 936 (N.J. 1982) (noting that New Jersey Supreme Court “often requires the public authority to demonstrate a greater ‘public need’ than is traditionally required in construing the federal constitution”).

¹⁷ *Allegheny Reprod. Health Ctr. v. Pa. Dep’t of Hum. Servs.*, 309 A.3d 808, 947 (Pa. 2024).

¹⁸ *See Allegheny Reprod. Health Ctr. v. Pa. Dep’t of Hum. Servs.*, 358 A.3d 800, 826 (Pa. Commw. Ct. 2026).

¹⁹ *People v. Aviles*, 68 N.E.3d 1208, 1211 (2016).

²⁰ *See, e.g., Sloane v. M.G.*, 84 N.Y.S.3d 12, 22 (NY App. Div. 2018).

²¹ N.Y. Const. art. I, § 11.

²² *Williams v. State*, 239 N.Y.S.3d 435, 442 (N.Y. Sup. Ct. 2025).

additional protections for people with disabilities and other protected classes that are described in the state's constitution.

2. Due Process

Advocates may also want to look to due process clauses in state constitutions as a potential source of rights. Multiple state supreme courts have determined that their state's due process clause is more protective than the federal constitution.²³ Although the wording of the due process clause in these state constitutions is similar to the federal constitution, state supreme courts have recognized their own ability "to require higher standards of protection than afforded by comparable federal constitutional standards."²⁴

For example, "procedural due process under the California Constitution is much more inclusive and protects a broader range of interests than under the federal Constitution."²⁵ Even though the language of California's due process clause mirrors the federal constitution, the California Supreme Court determined that the U.S. Supreme Court's approach to interpreting the due process clause "masks fundamental values that underlie the clause" and "undervalues the important due process interest in recognizing the dignity and worth of the individual" ²⁶ As a result, in determining what process is due, California courts must consider "the dignitary interest in informing individuals of the nature, grounds and consequences of the action and in enabling them to present their side of the story before a responsible governmental official," a factor that is not

²³ See, e.g. *Native Vill. of Kwinhagak v. Dep't of Health & Soc. Servs., Off. of Children's Servs.*, 542 P.3d 1099, 1120 (Alaska 2024) ("Alaska Constitution's guarantee of due process is more protective than that of the federal constitution."); *Women's Health Ctr. of W. Va., Inc. v. Panepinto*, 446 S.E.2d 658, 663–64 (W. Va. 1993) ("[T]he West Virginia Constitution's due process clause is more protective of individual rights than its federal counterpart."); *People v. Van Pelt*, 556 N.E.2d 423, 426 (N.Y. 1990) ("[O]ur State due process provision confers a more protective benefit than the Federal counterpart."); *Goodridge v. Dep't of Pub. Health*, 798 N.E.2d 941, 948–49 (Mass. 2003) ("The Massachusetts Constitution is, if anything, more protective of individual liberty and equality than the Federal Constitution; it may demand broader protection for fundamental rights; and it is less tolerant of government intrusion into the protected spheres of private life.").

²⁴ See, e.g., *Pauley v. Kelly*, 255 S.E.2d 859, 864 (W. Va. 1979).

²⁵ *Ryan v. Cal. Interscholastic Fed'n-San Diego Section*, 114 Cal. Rptr. 2d 798, 814 (Cal. Ct. App. 2001) (quotation omitted).

²⁶ *People v. Ramirez*, 599 P.2d 622, 626 (Cal. 1979).

included in the federal test.²⁷ California courts have cited this “dignitary interest” factor when determining that plaintiffs have due process rights.²⁸

Moreover, some state supreme courts have taken a more expansive approach with respect to economic substantive due process claims that are no longer viable under the federal constitution. For example, the Georgia Supreme Court has held that the state’s due process clause protects a person’s right “to pursue a lawful occupation of their choosing free from unreasonable government interference.”²⁹ While this “due process right to practice a healthcare profession is subject to reasonable regulation by the State,” the Georgia Supreme Court recognized that a complex licensing requirement of lactation consultants may run afoul of the state’s constitution.³⁰

3. State Law Ninth Amendment and Privileges or Immunities Clauses

Advocates may also want to pursue state constitutional claims under provisions that are similar to those in the federal constitution that have been largely dormant. For example, the Ninth Amendment of the U.S. Constitution provides that “[t]he enumeration in the Constitution, of certain rights, shall not be construed to deny or disparage others retained by the people.” Despite this broad language, the U.S. Supreme Court has interpreted the protections of the Ninth Amendment in a limited fashion.³¹ By contrast, state supreme courts have applied their state’s version of the Ninth Amendment in a more expansive manner and have recognized that state constitutions may protect “natural” and “unenumerated” rights.³² In particular, numerous state supreme courts have recognized natural and unenumerated rights in decisions that have protected

²⁷ Compare *Ramirez*, 599 P.2d at 626 with *Mathews v. Eldridge*, 424 U.S. 319 (1976).

²⁸ See, e.g., *Doe v. Saenz*, 45 Cal. Rptr. 3d 126, 149 (Cal Ct. App. 2006) (holding that individuals who are excluded from working as care providers have a due process right to know the details of why they are being excluded).

²⁹ See *Jackson v. Raffensperger*, 843 S.E.2d 576, 580 (Ga. 2020).

³⁰ *Id.*; see also *Patel v. Tex. Dep’t of Licensing & Regul.*, 469 S.W.3d 69, 73 (Tex. 2015) (holding that Texas’s scheme of regulating commercial eyebrow threaders violated substantive due process under Texas’ constitution).

³¹ See, e.g., *United Pub. Workers of Am. (C.I.O.) v. Mitchell*, 330 U.S. 75, 96, 67 (1947).

³² See, e.g., *In re Adoption of B.G.S.*, 556 So. 2d 545, 551 (La. 1990) (recognizing “that the reciprocal rights and obligations of natural parents and children are among those unenumerated rights retained by individuals pursuant to La. Const. art. 1, § 24”). But see *Moore v. Ganim*, 660 A.2d 742, 750 (Conn. 1995) (holding that Connecticut constitution’s unenumerated rights provision does not “impose[] on the government an affirmative constitutional obligation to provide minimal subsistence to the poor”).

reproductive health care rights following the Supreme Court's decision in *Dobbs v. Jackson Women's Health Org.*, 597 U.S. 215 (2022).³³

Similarly, the Privileges or Immunities Clause of the Fourteenth Amendment sets forth that "[n]o state shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States."³⁴ Shortly after its passage, the U.S. Supreme Court limited the impact of the Privileges or Immunities Clause in the *Slaughter House Cases*, holding that the provision only protects privileges or immunities related to "federal citizenship."³⁵ Some state courts, however, have recognized that their state constitution's version of the Privileges or Immunities Clause "requires an independent constitutional analysis" from the federal constitution.³⁶ Consequently, these courts have struck down health-related restrictions, finding that they violate the state's version of the Privileges or Immunities Clause.³⁷

4. Health Care Freedom Amendments

Recent constitutional amendments related to "health care freedom" may provide advocates with an unexpected avenue to litigate state constitutional claims. In response to the Affordable Care Act (ACA), numerous states passed "health care freedom"

³³ See, e.g., *Planned Parenthood Ass'n of Utah v. State*, 554 P.3d 998, 1021 (Utah 2024) (holding that "the Utah Constitution Recognizes and Protects Unenumerated Rights" and affirming preliminary injunction that enjoined ban on abortion); *Hodes & Nauser, MDs, P.A. v. Schmidt*, 440 P.3d 461, 483 (Kan. 2019) (holding that Kansas' constitution "encompasses a natural right to make decisions about parenting and procreation"); see also *Members of Med. Licensing Bd. of Indiana v. Planned Parenthood Great Nw., Hawai'i, Alaska, Ind., Kent., Inc.*, 211 N.E.3d 957, 976 (Ind. 2023) (recognizing that Indiana Constitution protects "natural" and "unenumerated" rights, which include "a woman's right to an abortion that is necessary to protect her life or to protect her from a serious health risk").

³⁴ U.S. Const. amend. XIV.

³⁵ 83 U.S. 36 (1872).

³⁶ *Grant Cnty. Fire Prot. Dist. No. 5 v. City of Moses Lake*, 83 P.3d 419, 425 (Wash. 2004); see also *Collins v. Day*, 644 N.E.2d 72, 75 (Ind. 1994) (holding that state supreme court "is under no obligation to follow Fourteenth Amendment jurisprudence in resolving a" claim under state's Privileges or Immunities clause).

³⁷ See *Humphreys v. Clinic for Women, Inc.*, 796 N.E.2d 247, 258 (Ind. 2003) (holding Medicaid ban on funding for abortions that are necessary to preserve woman's life or if rape or incest caused the pregnancy violated Indiana's Privileges or Immunities clause); *Tanner v. Or. Health Scis. Univ.*, 971 P.2d 435, 448 (Or. Ct. App. 1998) (holding denial of insurance benefits to unmarried domestic partners violated Oregon's Privileges or Immunities clause).

amendments to their state constitutions.³⁸ The goal of these amendments was to prevent individuals from facing punishment related to the ACA's individual mandate provision that required individuals to purchase health insurance. However, some of the amendments were written broadly, for example setting forth a person's right "to make his or her own health care decisions."³⁹

Since their passage, advocates have used these amendments to fight state prohibitions on reproductive and gender-affirming care. For example, in *Moe v. Yost*, the Ohio Court of Appeals determined that Ohio's ban on gender-affirming care violated the state's health care freedom amendment, which provides that no law "shall prohibit the purchase or sale of health care or health insurance."⁴⁰ The court concluded that the amendment "guarantee[s] Ohio citizens the right to access health care" and that "health care" includes "gender transition services."⁴¹ The decision was appealed and currently pending with the Ohio Supreme Court.

Similarly, the Wyoming Supreme Court has held that the state's health care freedom amendment protects a person's right to an abortion.⁴² The court recognized the amendment was passed in response to the ACA, but held that the plain language "went beyond addressing concerns with the [ACA] and granted '[e]ach competent adult' 'the right to make his or her own health care decisions.'"⁴³ The court concluded that the right to terminate or continue a pregnancy was a "health care decision" protected by the amendment.⁴⁴

5. State-Specific Provisions

Finally, advocates should thoroughly review their state's constitution for unique provisions that may provide litigation opportunities. Multiple states have provisions in their constitutions that reference a duty to provide for or promote "health," or provide "aid to the needy" in some fashion.⁴⁵ Some state supreme courts have recognized that

³⁸ Ohio Const. art I, § 21; Okla. Const., art. II, § 37; Wyo. Const. art. 1, § 38; Ala. Const. art. I, § 36.04; Ariz. Const. art. XXVII, § 2.

³⁹ See Wyo. Const. art. 1, § 38.

⁴⁰ 265 N.E.3d 158 (Ohio Ct. App. 2025) *appeal allowed*, 263 N.E.3d 360 (Ohio 2025) (citing Ohio Const., art. I, § 21).

⁴¹ *Id.* at 181.

⁴² *State v. Johnson*, 582 P.3d 380 (Wyo. 2026).

⁴³ *Id.* at 397.

⁴⁴ *Id.* at 398.

⁴⁵ See Elizabeth Weeks Leonard, *State Constitutionalism and the Right to Health Care*, 12 U. Pa. J. Const. L. 1325, 1410 (2010) (listing 13 state constitutions that reference the term "health").

these provisions require the state to provide some degree of assistance to its citizens,⁴⁶ and have struck down restrictions that fail to comply with the constitutional requirements.⁴⁷ However, most courts have been hesitant to give teeth to these broad provisions and have not “recognize[d] a universal right to health care under their constitutions.”⁴⁸ Instead, courts have deferred to state legislatures to make decisions about what role government should play in supporting the health of their citizens.⁴⁹ Of note, however, many of these state constitutional provisions have not been frequently litigated, and thus may provide opportunities for novel advocacy approaches.

Advocates may also want to explore whether their constitution refers to or protects rights related to “public health.” Numerous state constitutions describe a state’s duty to “provide for the protection and promotion of the public health.”⁵⁰ Some courts have deferred to state legislatures when interpreting these provisions.⁵¹ However, in Montana, a state constitutional provision protects a person’s “right to a clean and healthful environment,”⁵² and the state supreme court has relied on that provision to strike down state environmental regulations and government actions that impact public health.⁵³

⁴⁶ See *State ex rel. K.M. v. W. Va. Dep’t of Health & Hum. Res.*, 575 S.E.2d 393, 406 (W. Va. 2002) (recognizing that West Virginia constitution “demand[s] some degree of assistance for the poor and needy,” but holding that terminating cash assistance after five years does not violate state constitution).

⁴⁷ See *Aliessa ex rel. Fayad v. Novello*, 754 N.E.2d 1085, 1093 (N.Y. 2001) (holding that New York’s ban on state-funded benefits to lawfully present immigrants violated “aid to the needy” provision of state constitution).

⁴⁸ Elizabeth Weeks Leonard, *State Constitutionalism and the Right to Health Care*, 12 U. Pa. J. Const. L. 1325, 1391 (2010).

⁴⁹ See, e.g., *Att’y Gen. v. In Int. of B.C.M.*, 744 So. 2d 299, 303 (Miss. 1999) (recognizing that the state constitution sets forth a duty for legislature to provide care to individuals with mental illness, but “places no restrictions on how the Legislature may allot that duty of care”); *Craven Cnty. Hosp. Corp. v. Lenoir Cnty.*, 331 S.E.2d 690, 694 (N.C. Ct. App. 1985) (holding that a county has no “constitutional obligation” under North Carolina constitution “to pay for hospital care [for] its indigent residents”).

⁵⁰ See, e.g., Alaska Const. art. VII, § 4, Haw. Const. art. IX, § 1; Mich. Const. art. 4, § 51; N.Y. Const. art. XVII, § 3.

⁵¹ See, e.g., *Michigan Universal Health Care Action Network v. State*, No. 261400, 2005 WL 3116595, at *2 (Mich. Ct. App. Nov. 22, 2005) (holding that provision promoting “public health” in the Michigan constitution is “not self-executing” and “does not impose an obligation or a duty upon the State to provide health care coverage for all citizens”).

⁵² Mont. Const. art. II, § 3.

⁵³ See, e.g., *Held v. State*, 560 P.3d 1235, 1260 (Mont. 2024) (holding that Montana statute that excluded greenhouse gas emissions from environmental reviews violated the state constitution); *Montana Env’t Info. Ctr. v. Dep’t of Env’t Quality*, 988 P.2d

Some state constitutions also recognize “individual dignity” as a protected right.⁵⁴ While some courts have limited the power of these clauses, others have recognized that these provisions provide protection of individuals rights greater than what is afforded by the federal constitution.⁵⁵

States constitutions may also contain specific rights that advocates can use to assist clients. For example, Florida has enacted a provision that gives patients a state constitutional “right to have access to any records made or received in the course of business by a health care facility or provider relating to any adverse medical incident.”⁵⁶ Florida courts have determined that the provision “eliminate[s] all discovery restrictions on ‘any records . . . relating to any adverse medical incident.’”⁵⁷

Advocates may also want to investigate other “positive rights” that are contain in their state’s constitution to see if caselaw interpreting those provisions may be useful in expanding health care rights. For example, all state constitutions mandate some form of public education, and there has been significant litigation around these provisions.⁵⁸ Advocates may want to examine these constitutional provisions and the cases interpreting them to determine if similar arguments can be made for state constitutional guarantees related to health.

In sum, state constitutions may provide unique rights that can advance access to quality health care for low-income and underserved individuals.

1236, 1249 (Mont. 1999) (striking down a state-issued license that would have allowed carcinogenic elements into the environment).

⁵⁴ See, e.g., Mont. Const. art. II, § 4. Ill. Const. art. 1, § 20; La Const. art. I, § 3; see also P.R. Const. art. II, § 1.

⁵⁵ Compare *AIDA v. Time Warner Ent. Co., L.P.*, 772 N.E.2d 953, 961 (Ill. Ct. App. 2002) (holding that the language of the Illinois’ individual dignity clause “is hortatory and does not create a cause of action”) with *Walker v. State*, 68 P.3d 872, 883 (Mont. 2003) (holding that Montana’s individual dignity clause, when read in conjunction with the cruel and unusual punishment clause, “provide Montana citizens greater protections from cruel and unusual punishment than does the federal constitution”).

⁵⁶ Fla. Const. art. X, § 25.

⁵⁷ *Edwards v. Thomas*, 229 So. 3d 277, 287 (Fla. 2017).

⁵⁸ See generally Emily Parker, *50 State Review Constitutional Obligations for Public Education*, Education Comm’n of the States (Mar. 2016), <https://files.eric.ed.gov/fulltext/ED564952.pdf> (providing list of state constitutional provisions related to education); Education L. Ctr., *Litigation in the States*, <https://edlawcenter.org/litigation/litigation-in-the-states/> (last visited Aug. 12, 2026) (noting litigation in 45 out of 50 states).

III. Conclusion

State constitutional claims can be an important tool for advocates to challenge unlawful actions by state Medicaid agencies. NHeLP is available to provide technical assistance to help advocates frame, plead, and litigate state constitutional claims. Please reach out to us if you are considering such a claim.