**ObamaCare reaches the Supreme Court**

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*By* [*Jennifer Rubin*](http://www.washingtonpost.com/jennifer-rubin/2011/02/24/ABbIUXN_page.html)*, Washington Post*

As many expected, the Supreme Court granted certiorari in three ObamaCare related cases. Oral argument, totaling 5 1/2 hours, will likely be set for March. A ruling on the constitutionality of the healthcare law is certain to come before the 2012 election.

[**Lyle Denniston of SCOTUS blog**](http://www.scotusblog.com/2011/11/court-sets-5-12-hour-hearing-on-health-care/) explains:

The Court will hold two hours of argument on the constitutionality of the requirement that virtually every American obtain health insurance by 2014, 90 minutes on whether some or all of the overall law must fail if the mandate is struck down, one hour on whether the Anti-Injunction Act bars some or all of the challenges to the insurance mandate, and one hour on the constitutionality of the expansion of the Medicaid program for the poor and disabled. The Court chose those issues from appeals by the federal government, by 26 states, and by a business trade group. It opted not to review the challenges to new health care coverage requirements for public and private employers. It left untouched petitions by a conservative advocacy group and three of its members and by Liberty University and two of its employees.

Randy Barnett, one of the key architects of the challenge to the individual mandate emails me: “It is high time for the high court to strike down this unconstitutional, unworkable, and unpopular law. Upholding the individual mandate would end the notion that Congress is one of limited and enumerated powers, and fundamentally transform the relationship of Americans to their doctors and their government. “

This is easily the most consequential issue to come before the Supreme Court in decades. If the individual mandate is struck down, the Supreme Court would accept view of the constitution and federal power championed by conservative legal scholars and advocates, namely that the federal government is limited in powers and may not use the Commerce Clause and/or the Necessary and Proper Clause as carte blanche to control every aspect of Americans’ lives. If the challenge to ObamaCare is rebuffed, advocates of the “living Constitution” (that is, judges can tell us when and how they’d like to reconstruct the Founders’ handiwork) will have established that there is virtually nothing the federal government can’t do apart from those actions specifically barred by the Constitution (including the Bill of Rights and other Amendments).

Ilya Shapiro, a CATO scholar and advocate for repeal, puts it this way: “The Supreme Court has set the stage for the most significant case since Roe v. Wade. Indeed, this litigation implicates the future of the Republic as Roe never did. On both the individual-mandate and Medicaid-coercion issues, the Court will decide whether the Constitution’s structure—federalism and enumeration of powers—is judicially enforceable or whether Congress is the sole judge of its own authority. In other words, do we have a government of laws or men?”

As consequential as the decision will be, it’s far from clear what political impact it will have. Will the majority of Americans who disapprove of the law be satisfied if the law is struck down, and less inclined to vote the president out of office? Or will those who opposed ObamaCare be emboldened and determined to use the election to rip out what remains of ObamaCare?

**Groups sue to halt South Carolina's new immigration law**

Wed, Oct 12 2011

CHARLESTON, South Carolina (Reuters) - A coalition of civil rights groups filed a federal lawsuit on Wednesday to block South Carolina's new immigration law, the latest court challenge against a state crackdown on illegal immigrants.

The suit contends the law is unconstitutional, invites racial profiling and interferes with federal law, according to a statement by the coalition, which includes the American Civil Liberties Union and the National Immigration Law Center.

South Carolina's law, set to take effect on January 1, requires police to check the immigration status of anyone they stop or arrest for another reason and suspect may be in the country illegally.

Under the new law, employers in South Carolina will be required to use the federal E-Verify system to check the citizenship status of employees and job applicants. Penalties for knowingly employing illegal immigrants will include suspension and revocation of a business license by the state.

"By requiring local law enforcement officials to act as immigration agents, this law invites discrimination against anyone who looks or sounds 'foreign,' including American citizens and legal residents," said Victoria Middleton, executive director of the ACLU of South Carolina.

A federal judge in Alabama last month upheld key provisions of that state's immigration law. Judges in Georgia, Arizona, Utah and Indiana have blocked parts of similar state laws aimed at trying to stem illegal immigration.

**Governor scraps medical marijuana plan for Rhode Island**

Fri, Sep 30 2011

By Zach Howard

CONWAY, Mass (Reuters) - State-run medical marijuana dispensaries will not be coming to Rhode Island after Governor Lincoln Chafee scrapped the plan for fear it was illegal under federal law.

Chafee, who had earlier vowed support for the measure, said he decided the state's planned dispensaries could violate superseding federal law and become a target of federal law enforcement efforts.

"Federal injunctions, seizures, forfeitures, arrests and prosecutions will only hurt the patients and caregivers that our law was designed to protect," the governor said in the statement late Thursday.

Before his reversal, Chafee had hoped to implement a 2009 law passed by Rhode Island's General Assembly allowing marijuana distribution through three state-run, so-called "compassion centers."

The measure authorized growing and selling marijuana to patients with debilitating illnesses, such as cancer, AIDS, and glaucoma.

Currently, 16 states and the District of Columbia allow the drug for medical use.

One of them is Montana, where in March federal agents raided state-sanctioned medical marijuana greenhouses and dispensaries in several cities, prompting an outcry from legalized pot suppliers. The busts, the first since Montana legalized marijuana for medical purposes in 2004, appeared to mark a reversal of federal policy set in 2009 that tolerated state-approved dispensaries.

Threatening a similar crackdown in Rhode Island, both the U.S. Department of Justice and Rhode Island's U.S. Attorney, Peter Neronha, this year said commercial operations such as the state-run dispensaries would be potential targets of "vigorous" criminal and civil enforcement efforts by the federal government.

Dropping the dispensary plan means that patients in Rhode Island will have to continue to grow their own marijuana, buy the drug illegally from "street" dealers, or acquire it from over 2,500 licensed caregivers in the state. Many have said they would prefer to use dispensaries for a convenient, safe, regulated option for quality marijuana.

Medical marijuana advocates decried Chafee's decision.

"We are shocked, outraged and really hurt all at the same time," JoAnne Leppanen, executive director of Providence-based Rhode Island Patient Advocacy Coalition, told Reuters.

Keith Stroup, legal counsel with the National Organization for the Reform of Marijuana Laws, or NORML, a Washington, D.C.-based marijuana smoker's lobby, said his group was disappointed with Chafee's action.

"He's using the threat of federal enforcement somehow coming into the state as a justification to refuse to implement the medical marijuana dispensary provisions that previously have been approved," he said.

But long-time opponents including state Representative Doreen Costa cheered the plan's demise.

"I am very happy that he did that," said Costa, a Republican, who said some of her constituents did not want a dispensary in their district.

"Mainly the concern was, in the state of Rhode Island, marijuana is illegal, period. So if he wanted to open up the compassion centers, people would go buy the marijuana and I know they would be selling it on the street," Costa said.