



Personal Stories of Those Affected By “Arkansas Works” Amendment

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On March 5, 2018, the Department of Health and Human Services (HHS) approved Arkansas’ request to amend its existing Medicaid expansion waivers (“AR Works Amendment”) to impose new requirements and eliminate key consumer protections in the state’s Medicaid program. Because the AR Works Amendment violates numerous provisions of the law and will gravely harm tens of thousands of Arkansans, the National Health Law Program (NHeLP) brought a lawsuit challenging the approval on August 14, 2018.¹

The lawsuit was filed on behalf of three individuals who have health care coverage through Arkansas’ Medicaid program and who will suffer serious harm under the AR Works Amendment. They will face new, punitive requirements, including work and reporting obligations. They will lose health care coverage if they fail to meet the requirements or fail to properly report and document compliance. Under the AR Works Amendment, they will be locked out of Medicaid for the remainder of the calendar year after they have three months of noncompliance. The Amendment also limits the three months of retroactive coverage required under the Medicaid Act to one month, meaning that those who are locked out of Medicaid for noncompliance will also suffer harm from the lack of retroactive coverage.

Below are descriptions of how the AR Works Amendment will affect the named plaintiffs:

- Charles Gresham is a 37-year-old man who has been covered by Medicaid since 2015. Mr. Gresham has several health conditions that need to be monitored and treated, including asthma, extreme social anxiety, and a seizure disorder that began in 2015. Despite his health conditions, he can do some types of work and wants to work. However, he does not have his own transportation and because he may not be able to work all day and he needs time for doctors’ appointments, he needs a flexible schedule. Mr. Gresham has held various jobs, largely in food service, but in recent years he has

struggled with finding and keeping a job. With Medicaid coverage, he has been able to get the treatment and services he needs, including doctors' visits to help with the seizure disorder and therapists for his anxiety. His Medicaid coverage *helps* him work. In May 2018, Mr. Gresham received a notice that he would be subject to the work requirement for Arkansas Works. He was unable to meet the work requirement in June and July 2018 because he has been unable to find and maintain a job. He also struggles with the online portal for reporting compliance with the Arkansas Works Amendment requirements. The threat of losing his health coverage has increased Mr. Gresham's anxiety as he worries that without medical coverage his conditions will get worse. He is also concerned that without health coverage, he may suffer irreversible harm or die before he has an opportunity to figure out the cause of his seizures.

- Cesar Ardon is a 40-year-old man who works in construction as a self-employed handyman, largely doing outdoor work. His income and hours fluctuate greatly from month to month. Sometimes he works 20 hours a week or more; other times, especially in the fall and winter when work is slower, he works less. Mr. Ardon has received health coverage under Medicaid since 2017, which is the same year he had major surgery to remove a baseball-sized tumor on his side. Mr. Ardon also has ongoing medical conditions that require monitoring, such as high cholesterol. With Medicaid, he is able to get the treatment and services he needs, as well as annual check-ups. In May 2018, Mr. Ardon received a notice stating he would have to work at least 80 hours a month to keep his Medicaid coverage. Mr. Ardon was not able to get enough hours to meet the work requirement in June 2018, but believes he met the requirement in July. He received a notice from DHS in July 2018 that he failed to comply with the work requirements for June and is unsure if the hours he submitted for July were accepted. Mr. Ardon does not expect to always be able to get 80 hours a month of work every month. He is worried that he will have at least three months of noncompliance with the requirements and will lose his health coverage for the remainder of the calendar year, which could be nine months if he does not get adequate hours during the colder months at the beginning of the calendar year. Mr. Ardon also experienced problems with the online portal for reporting hours and is concerned that he will have ongoing issues reporting hours even if he meets them because of problems with the website or access to the internet. Mr. Ardon worries about getting sick, being unable to work, and losing access to health care if he loses his Medicaid coverage.
- Marisol Ardon is a 44-year-old woman who lives with her adult daughter who pays the rent and other household expenses. Ms. Ardon worked for many years answering phones and connecting people to social service agencies and other community resources. When her job changed slightly in 2013, she lost her health coverage and experienced a gap in coverage until she accessed coverage through Medicaid in 2015.

Ms. Ardon uses her Medicaid coverage to get her four daily medications, regular doctor visits with her primary care doctor and specialists, and to get annual checkups. In July 2017, she had a large non-cancerous tumor removed from her midsection, but as a result she has chronic back pain. She also has other medical conditions that she uses her Medicaid coverage to treat and monitor, including thyroid problems, asthma, and anxiety. Since hearing of the work requirements, Ms. Ardon has confirmed with DHS that she needs to meet the work requirement and does not have an identified exemption. Ms. Ardon has not worked since March 2017, shortly before her surgery to remove the tumor. She has not met the work requirements in June and July of 2018, and she does not expect to meet the requirement in August. When Ms. Ardon tried to create her account on the online portal, she had difficulty with the website. The portal rejected her attempts to create an account several times. She contacted DHS for assistance and submitted a paper about not working because of her back, but she has not heard back from DHS. Ms. Ardon is worried about meeting the requirements and the uncertainty around her Medicaid coverage and the work requirements has increased her anxiety, including having more panic attacks per day because of her concerns about her health care coverage.

In addition to these individuals, the Amendment will harm tens of thousands of Arkansans across the state, including parents, grandparents, caregivers, home health aides and childcare workers, housekeepers and custodians, ministers, retired workers, students, church administrators, and more. All of these individuals need primary, preventive, and potentially emergency care, including check-ups, diabetes treatment, mental health services, substance use disorder treatment, blood pressure monitoring and treatment, and other essential health care services. The Amendment will mean the loss of coverage for tens of thousands, resulting in poorer health and economic status for themselves, their families, and their communities.

ENDNOTES

¹ For more information on the lawsuit see NHeLP, *Summary of Lawsuit Filed Against HHS Approval of “Arkansas Works” Amendment*, <http://www.healthlaw.org/publications/browse-all-publications/summary-of-lawsuit-filed-against-hhs-approval-of-arkansas-works-amendment#.W3RKc7gna70>. NHeLP brought the lawsuit together with the Legal Aid of Arkansas and Southern Poverty Law Center.