



Medicaid Enrollees Challenge Florida's Failure to Provide Due Process During Unwinding

[Miriam Delaney Heard](#), [Sarah Grusin](#), [Amanda Avery](#)

Two toddlers and their mothers have filed a class action [lawsuit](#) challenging Florida's unlawful termination of their Medicaid benefits without first providing adequate written notice. The case, *Chianne D. et al v. Jason Weida*, was filed on August 22, 2023 by the National Health Law Program and the [Florida Health Justice Project](#) with claims alleging violations of the Due Process Clause of the Fourteenth Amendment and the Medicaid Act.

In 2018, Florida officials [admitted](#) that the notices sent to Medicaid enrollees create confusion and provide insufficient explanations. Nonetheless, the State continues to use these notices to inform hundreds of thousands of Floridians that their Medicaid coverage is ending. With the end of the continuous coverage provisions, Florida began redeterminations for Medicaid enrollees whose coverage was maintained throughout the pandemic. To date, some 182,857 enrollees have had their Medicaid benefits terminated because they were determined to be ineligible. The notices are extremely confusing. They give no explanation for why the agency terminated Medicaid, often using conclusory explanations such as "Your Medicaid for this period is ending." They also routinely identify persons as both eligible and ineligible for Medicaid, leading Medicaid enrollees to believe that they still had medical coverage until they were unable to access essential medications, postpartum care, vaccines, and other essential health services.

The plaintiffs spent hours on the phone attempting to obtain clarity but were not told why their Medicaid had been terminated or how to file an appeal.

Plaintiffs detailed their experiences:

- Chianne D. and her family of four depended on Medicaid for crucial medical care. She was informed by medical providers that her Medicaid coverage was about to end. When she accessed an online account, she found a 12-page document that was utterly confusing. The only explanation provided were two statements: "YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM" and "YOU ARE RECEIVING

THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM.” Chianne did not understand who in her family was losing coverage, what income the agency used to calculate her family’s eligibility, or what other assistance from another program she was purportedly receiving. She called the Department of Children & Families to get answers, but the agent would not answer her questions. Since her Medicaid was terminated in May, Chianne has been ill numerous times, but without Medicaid, she cannot afford to see her doctor.

- Plaintiff C.D. is Chianne’s two-year-old daughter who was diagnosed with Cystic Fibrosis as an infant. C.D. depends on Medicaid to pay for life-saving medication, medical day care, physician and therapy visits, and medical equipment including a nebulizer and chest compression vest. Since her Medicaid was abruptly terminated on May 31, 2023, C.D. has suffered from fatigue and a loss of appetite. She also developed a loud, persistent cough. Her family could not afford to take C.D. to her primary care physician and on June 7, 2023 she had to wait instead for hours in the hospital emergency room for treatment. The family still has an outstanding hospital bill of \$2,800.00.
- Plaintiff A.V is a one-year-old girl who has been on Medicaid since she was born. She depends on Medicaid to cover her checkups and vaccines. Her mother learned that her Medicaid was terminated when A.V.’s pediatrician cancelled her June 6, 2023 appointment. When her mother, Jennifer, checked her online account, she read a notice that stated “YOU OR A MEMBER OF YOUR HOUSEHOLD REMAIN ELIGIBLE FOR MEDICAID UNDER A DIFFERENT MEDICAID COVERAGE GROUP.” Jennifer did not understand that this was supposed to mean A.V. was losing coverage.

Plaintiffs have petitioned the court for preliminary and permanent injunctive relief that would reinstate the Medicaid benefits for themselves and any other enrollees who have been terminated after receiving deficient notices and prevent the state from terminating the Medicaid of other enrollees until the state provides all enrollees with adequate and timely notice.