



Who is Harmed by Medicaid Work Requirements?

By [Mara Youdelman](#)

In 2019, during the first Trump Administration, the Centers for Medicare & Medicaid Services approved [13 Medicaid “demonstration” projects](#) for states to implement work requirements as a condition of enrollees’ maintaining Medicaid eligibility. Challenges brought by NHeLP and numerous partners ended these demonstrations when federal courts determined that work requirements failed to meet the core objective of the Medicaid program – providing medical assistance to eligible low-income individuals. Individuals who likely would have lost their Medicaid due to these work requirements were described in these lawsuits.¹ Their lived experiences directly contradict claims that work requirements would not impact people with disabilities and chronic conditions and identify the problems many others may face in meeting work and reporting requirements.

Many Medicaid applicants and enrollees are unable to meet work requirements to a variety of factors including:

- disabilities and/or chronic conditions;
- lack of available work (or school or community service) opportunities;
- lack of sufficient work;
- lack of childcare; and/or
- lack of transportation.

Further, individuals’ efforts at meeting work requirements often fall prey to red tape requirements for reporting and documenting.

¹ The lived experiences described in this paper were excerpted from court briefs filed in lawsuits against the Trump Administration for approving work requirements in Arkansas, Indiana, Kentucky, and Tennessee. The information was accurate as of the time of filing in 2019-2020. The briefs for these cases are available at www.healthlaw.org.

In reality, adding work requirements to Medicaid does not improve employment and instead puts millions of individuals at risk of losing Medicaid.

We have divided the stories into 6 categories even though many of the impacted enrollees have overlapping issues that could fit in multiple categories:

- [People with Disabilities and Chronic Conditions](#)
- [Caregivers](#)
- [Parents and Children](#)
- [Workers](#)
- [Students](#)
- [Unhoused Individuals](#)

Harm to People with Disabilities and Chronic Conditions (as reported in 2019-2020)

- Charles Gresham is a 37-year-old man who lives in Harrison, Arkansas, with his fiancé. Mr. Gresham's fiancé works at a fast food restaurant and supports their household on her gross income of about \$1,100 per month. Mr. Gresham has worked most of his life, largely in the food service industry. He can work and would like to work but needs a flexible schedule because he may not be able to work all day and needs time for doctor's appointments. In 2015 he began having seizures and although he continued to work, he often lost jobs due to issues related to his seizures, including missing work. Mr. Gresham can work and would like to work, but is not working at this time because he has had trouble finding and keeping a job. He needs a flexible schedule because he may not be able to work all day, and he needs time for doctors' appointments. With Medicaid coverage, he has been able to get the treatment and services he needs, including visits with doctors and therapists, as well as his prescription medications for his seizures and other conditions. He is not comfortable with computers and generally requires help from other people when going online, especially to fill out forms or submit information. If he were to lose Medicaid, he would be unable to afford his seizure medications. In August 2018, when he was dealing with reporting issues, he had more anxiety attacks than normal. He discusses the work requirements and potential loss of coverage at each appointment with his therapist. He worries that without medical coverage, his conditions will get worse and he may suffer irreversible harm or die.
- Marisol Ardon is a 45-year-old woman who lives in Siloam Springs, Arkansas, with her adult daughter. Ms. Ardon previously worked answering phones and connecting people to social service agencies and other community resources. Ms. Ardon has several medical conditions that need to be treated and monitored. She has a hernia in her abdomen, thyroid problems, asthma, chronic back pain stemming from a 25-pound non-cancerous tumor that she had removed from her midsection in July 2017, and anxiety attacks. Ms. Ardon uses her Medicaid coverage for four daily medications, regular visits

with her primary care doctor and specialists, and annual checkups. Ms. Ardon was unable to work as her health issues worsened. She does not currently have income from work and relies on her adult daughter to pay rent and other household expenses. Because she was concerned about whether she would keep her health coverage under these work requirements, Ms. Ardon began to have multiple panic attacks a day throughout July and August 2018.

- Ms. Ardon tried to create her account on the online portal but had difficulty navigating the website. The portal rejected her attempts to create an account several times. Ms. Ardon found the long letters from DHS confusing and does not fully understand the requirements and exemptions. In July 2018, she went to the DHS office for assistance and submitted a paper about not working because of her back, but she did not hear back from DHS about that submission.
 - Because her health has not improved, she tried to go online to file for an exemption to the work requirements, but she could not log onto the website or see her account. Ultimately she filed for a short-term exemption, but she is very worried that she will lose her Medicaid and not be able to get the care she needs for her health conditions.
 - She went to the local DHS office in Bentonville for help but the DHS employee told her that she could not help her and that Ms. Ardon would have to do it herself online.
- Treda Robinson is a 42-year-old woman who lives in Searcy, Arkansas. Ms. Robinson has iron deficiency anemia that causes her to have fatigue and weakness. Medicaid covers all of her treatments, medications, and annual check-ups. Complications from her iron deficiency anemia forced Ms. Robinson to leave her job as a data entry clerk at the end of 2015. Since April 2016, she has worked as a scoring assessment rater for an educational testing company. This job permits her to work from home and earn an income even when anemia leaves her too weak to leave home. Ms. Robinson's work hours vary according to the volume of work available, which she often only knows about the day before the work is assigned. Recently, she has been able to work 80 hours per month, but the inevitable fluctuation in hours means there is no guarantee that she will complete 80 hours of work every single month. Because her anemia often makes her too weak to leave her home, she has found it difficult to sometimes do activities and because she needs work from home employment, her ability to find or get other jobs is limited. Without Medicaid, Ms. Robinson will not be able to afford to treat her health conditions. If she is not able to take her daily anemia medication, she will not be able to work at all. Untreated, her anemia could progress into a life-threatening condition.
 - Even though Ms. Robinson has computer skills, she was unable to make her Access Arkansas account work at home. Despite being ill, she drove to a local

Arkansas Department of Workforce Services to report her exemption for September and October.

- Jamie Deyo is a 38-year-old woman who lives in Lonoke, Arkansas, with her parents. In 2013, Ms. Deyo seriously injured her back in a car accident. Ms. Deyo did not have health insurance before enrolling in Medicaid. Before enrolling in Medicaid, she incurred over \$30,000 in medical debt and often went without health care when she needed it. Ms. Deyo has several medical conditions that must be monitored and treated. She has a broken screw in her back that interferes with a nerve. She also has fibromyalgia and rheumatoid arthritis. Ms. Deyo's Medicaid coverage has allowed her to obtain treatment through visits to a primary care physician, a physical therapist, and a surgeon. On September 17, 2018, Ms. Deyo went to the pharmacy to fill her three prescriptions and was told that her coverage had ended and she left without most of her medications, although her parents helped her pay \$108 for one. She had lost her Medicaid due to noncompliance with work requirements but had not received any information because of a wrong address and was granted a "good cause" exception. However, between September 1 and October 8, 2018, Ms. Deyo had no active health insurance. She could not fill any prescriptions and suffered more pain as a result. She had to miss an appointment with her back surgeon, who would not see her without insurance, thus delaying her possible back surgery. She has also struggled navigating the system required by the Arkansas Works Amendment. Because Ms. Deyo cannot currently work or volunteer, she worries it is only a matter of time before she loses her Medicaid coverage again as a result of the work requirement. Experiencing two months without insurance has only heightened this fear. Without access to her doctors and medications, Ms. Deyo has little hope she will recover and work again.
- Monte A. Rose, Jr. is 48 years old and lives alone in Bloomington, Indiana. He completed high school and took some college courses. In the past he has collected scrap metal, worked as a research assistant at Indiana University, and written columns for local newspapers. Mr. Rose is not currently working and does not have any income. He has Meniere's disease, an inner ear condition that periodically causes migraines, dizzy spells, and headaches. He applied for disability in 2007 or 2008, but was denied. He receives a housing subsidy from the Bloomington Housing Authority to pay for his rent. Mr. Rose goes to his local food pantry for food, and he eats vegetables that he grows himself. Mr. Rose does not have internet in his home. He goes to the library to access the internet. He does not have a driver's license or a car. To get around he rides his bike, asks for rides, or takes public transportation. Mr. Rose has been enrolled in Medicaid for approximately two years. During that time, he has used his coverage to obtain new glasses. He believes it is important to keep his Medicaid coverage in case

his health declines and he needs to see a doctor or he has a medical emergency. Mr. Rose received a notice indicating that he would be required to participate in Gateway to Work to keep his Medicaid. Mr. Rose has not yet reported any work hours. He is not sure if he can count the time spent helping his 82-year-old neighbor read his mail and do housecleaning. While he has asked both Indiana and his Medicaid health plan whether or not those activities qualify as work or community engagement activities, he has not gotten an answer. Mr. Rose finds the reporting process confusing. He does not have internet access at home, which will make it more difficult for him to report hours. Mr. Rose is concerned that he will lose his health insurance at the end of the year because he has not met the work requirement.

- Rhonda Cree is 61 years old and lives with her husband in Logansport, Indiana. In the past, Ms. Cree worked in retail management and previously owned a bar and restaurant. Currently she is not able to work outside her home because of significant vision impairment, a complication of diabetes. She is the caregiver for her husband. Her husband receives \$1,548 per month in Social Security Disability Income. Their annual income is approximately \$18,576, which is roughly 110% of FPL for a family of two (\$16,910). After they pay their bills each month, there is only enough money left over for food. Ms. Cree must maintain a strict diet to manage her diabetes. As a result, her grocery bills are high. In addition to diabetes, which has led to vision loss in both eyes, she has high blood pressure and high cholesterol. To treat these conditions, she takes three prescription medications. She also gets monthly injections that keep her eyes strong and prevent hemorrhaging. The longer she goes without these injections, the weaker her eyes become.

Ms. Cree enrolled in Medicaid in April 2017. Due to her vision loss, she has trouble reading the notices and her husband must read them to her. On December 1, 2018, Indiana terminated her Medicaid coverage for failure to pay a required premium. After she lost coverage, she was locked out of Medicaid until May 31, 2019. While she was locked out, she was not able to get the injections that keep her eyes strong. She only went to the doctor once, and she had to borrow \$100 from friends to pay for that visit. She also had to pay out-of-pocket for her regular prescriptions. Her health suffered as a result of this gap in coverage. She experienced a hemorrhage in her right eye, causing significant additional vision loss.

- Glassie Mae Kasey is a 56-year-old high school graduate living in Kentucky. She attended community college but was not able to finish her schooling because she needed to work to support herself. Ms. Kasey has worked her whole adult life in various jobs, including as a disc jockey, a radio broadcaster, and as a caregiver or housekeeper

in private homes and nursing homes. Until mid-September 2017, Ms. Kasey worked as a custodian cleaning offices, hallways, and bathrooms. She had to lift and carry heavy containers and ultimately hurt her shoulder. After she requested an accommodation, she lost her job. She has been trying to find a job, without luck. She cannot afford a car, so her options for searching for work are limited. Ms. Kasey has a number of medical conditions for which she receives treatment covered through Medicaid. These include diabetes; calluses on and numbness in her feet, hands, and right arm; arthritis in her hands; chronic pain in her calf muscles and upper legs; high blood pressure; high cholesterol; urinary problems; chronic chest congestion; and leg, foot, and back pain. She had kidney stones twice in the last year.

- Amanda Spears is a 33-year-old woman living with her parents in Kentucky. Ms. Spears was previously approved for Social Security disability, but those benefits terminated when she tried to go back to work. She recently reapplied for these benefits. Ms. Spears has worked for the Internal Revenue Service, at an environmental research institute, as a sanitation department communications specialist, and for a financial investment company. She was forced to quit most of these jobs due to her health. Most recently, she co-ran a company making t-shirts, cups, and other merchandise. Ms. Spears was unable to continue working and is currently not working due to health problems. She has no income, and her parents are paying all of her expenses, including her medications, which cost \$300-\$400 per month. Ms. Spears was born with hypokalemic periodic paralysis, a rare genetic disorder that manifests as attacks of muscle weakness and short term cognitive problems. She also suffers from postural orthostatic tachycardia syndrome and was born with spina bifida. She has had Lyme disease for 12 years and has developed multiple chemical sensitivities. Medicaid is absolutely essential to Ms. Spears' health for ongoing treatment but also because she sometimes ends up in the emergency room due to anaphylactic shocks, seizures, or tachycardia episodes.
- Sheila Marlene Penney is a 54-year-old woman who has worked her whole adult life as much as possible including as a package handler, boat reservations manager, and as a kynector/assister for Medicaid enrollment. She has also worked with victims of domestic violence and in a county drug court. Living in Kentucky, Ms. Penney has not worked for a few years due to depression and anxiety. She has had these conditions for 30 years. She also has sleep apnea and allergies. Prior to enrolling in Medicaid, Ms. Penney had trouble getting health care. She had to piece together treatment for her depression and anxiety through visits to a sliding fee scale family health clinic. Sometimes, she could get prescriptions filled through a free pharmaceutical plan. She was unable to pay out-of-pocket expenses for therapy and other needed treatment. Having Medicaid has

allowed Ms. Penney to obtain consistent treatment to keep these conditions under control. She is now able to look for work but, so far, has not found a job. Without Medicaid, Ms. Penney does not believe she would be able to work at all.

Harm to Caregivers (as reported in 2019-2020)

- Lakin Branham is a 20-year-old woman who lives with her grandparents in Kentucky. Ms. Branham's grandfather has terminal cancer, and she helps care for him. Ms. Branham also helps with housework (e.g., cleaning, cooking) and yardwork. Most days of the week, Ms. Branham's grandfather, grandmother, great grandmother, or great aunt have a doctor's appointment or need to go to the store to get household items. Ms. Branham's grandmother drives them, and Ms. Branham goes along to help her relatives move from place to place. She babysits her five-year-old sister three days a week. Ms. Branham is looking for a job outside the home, though without a license to drive and no public transportation available, the prospects are difficult. She is primarily focused on her sobriety and is in recovery from addiction, primarily to methamphetamines. Ms. Branham attends substance abuse counseling and church as often as she can. Her entire substance abuse treatment has been covered through Kentucky's Medicaid program as well as receiving care for other medical conditions requiring ongoing treatment. Ms. Branham hopes to become a substance abuse counselor.
- Kentuckians Michael "Popjaw" Woods and Sara Woods are 52 years old and 40 years old, respectively, and have three children, ages 15, 16 and 21, who do not live in the home. Their 21-year-old daughter, Beka, had a baby in December 2017. Mrs. Woods is providing childcare for her granddaughter as well as for a neighbor's child. Last year, Mr. Woods opened Martin Service Center, a service station that offers oil changes and basic car repairs. Mr. Woods' income varies dramatically from week-to-week based on business. Mrs. Woods is a cleaning specialist with clients including local homeowners, a local pawn shop, and her husband's service center. Mrs. Woods's hours and income fluctuate substantially throughout the year. With Medicaid coverage, Mrs. Woods was able to get treatment for a substance use disorder. She has been able to stay sober for nearly three years with the help of prescription medication covered by Medicaid. Mrs. Woods believes she would have died from an overdose by now if she had not gotten on Medicaid. She also previously suffered from debilitating migraines and low blood sugar. Medicaid has helped her to get these conditions under control. With Medicaid coverage, Mr. Woods takes blood pressure medication, treating a long untreated condition.
- Quenton Radford is a 20-year-old man who lives in Kentucky with his 16-year-old brother and his grandmother, who has multiple sclerosis. Mr. Radford solely cares for

his grandmother. Mr. Radford helps her in and out of bed, cooks, does laundry, and cleans the house, spending about three hours each day caring for her. He also babysits his cousins for free, and volunteers at the church food pantry a few hours each month. Mr. Radford does not have a regular job but does odd jobs for family members and occasional paid jobs at his church. He was last employed at age 16 on a temporary basis at a sandwich shop. Mr. Radford has been looking for work but without success as there are limited employment opportunities where he lives. He does not have a car, so he walks or bikes where he needs to go. Having health insurance coverage through Medicaid is fundamental to Mr. Radford going for check-ups and when he gets sick.

Harm to Parents and Children (as reported in 2019-2020)

- Dave Kobersmith is a 57-year-old man who lives with his wife, Kimberly, and their two sons, ages 13 and 11, in Kentucky. Mr. and Mrs. Kobersmith both work part-time, so that they can jointly home school and care for their sons. Mr. Kobersmith works as an administrator at a church, 20 hours per week providing support to the pastors and managing church finances, property and personnel. Mrs. Kobersmith is a freelance writer who has written articles for local newspapers and magazines. Currently, she works about 10-12 hours each week although her hours and income fluctuate substantially throughout the year. Mr. and Mrs. Kobersmith and their younger son all wear glasses. Their children get well-child check-ups and dental and vision check-ups. Having affordable health care through Medicaid has allowed Mr. and Mrs. Kobersmith to focus on home schooling and spending more quality time with their children.
- Shawna Nicole McComas is a 34-year-old woman who lives in Kentucky with her husband and four children, ages 16, 13, 9, and 4. Mrs. McComas generally works 40 or more hours per week in a housekeeping position at a hospital. Her monthly income varies depending on how many hours she works and whether she has worked overtime as her work hours vary from week to week and month to month. Mrs. McComas's husband, Jeremiah, suffers from posttraumatic stress disorder that makes it difficult for him to keep a job. Mrs. McComas has a number of medical conditions for which she receives treatment, including chronic hip pain, congenital hip dysplasia, osteoarthritis in her hips, chronic back pain, a bunion on her foot due to her hip problems, and sciatic nerve damage.
- The Ballinger family is comprised of 27-year-old Shanna, her husband Matt, and their two sons, aged 2 and 3. Living in Kentucky, Mrs. Ballinger first enrolled in Medicaid when she was pregnant. Mrs. Ballinger has a college degree and previously worked in

the human resources command for the army. In August 2017, she enrolled as a full-time law student and just started her second semester of law school. Mrs. Ballinger does not currently have any income. She took out a student loan to pay for childcare, books, and other school-related expenses. Her husband Matt works full time roughly 35 to 37 hours per week in a national chain's craft store and is a part-time community college student. During the holidays, his hours increase slightly, but never exceed 40 hours per week. The Ballingers will be required to report any fluctuation of income affecting eligibility within ten days, which might be difficult since Mr. Ballinger's hours vary every week. They would lose their Medicaid and be locked out of the program if they do not timely report an increase in income that would affect their eligibility. Mrs. Ballinger has a number of medical conditions for which she receives treatment. She has postural orthostatic tachycardia syndrome ("POTS"), a condition that causes her heart rate to increase rapidly, sometimes leading her to pass out. Medicaid covers her treatment, including the help of a cardiologist and her primary care physician. Mrs. Ballinger also experiences depression and anxiety and manages these conditions with medication and with the help of physicians, including a psychiatrist.

- Katelyn Allen is a 27-year-old woman who lives in Kentucky with her husband Gary and their 6- and 8-year-old children. Her 18-year-old brother lives with them part-time. Mrs. Allen recently started working as a bank teller. She has previously worked for the State collecting samples for drug testing, in a rubber factory, at another drug lab, at a fast-food restaurant, and at a hospital doing patient registration. She also breeds dogs once a year, which earns her about \$150. Mr. Allen works delivering pizza 20 hours a week and earns minimum wage plus tips. He also has worked in a drug testing lab. Prior to having Medicaid, Mrs. Allen went without medical care due to cost and accumulated debt from obtaining care when absolutely necessary. Because of her current coverage, the Allens were able to seek emergency care after a car accident in January 2017 in which Mr. Allen suffered a slipped disk and nerve damage. Mrs. Allen also credits Medicaid with making it possible to keep her children healthy and to take them to the doctor when they are sick. She would not be able to afford any doctor or dentist visits for them without the coverage. Mrs. Allen fears that without this coverage she would have to choose between caring for a sick child or paying essential bills.
- Karin and Joshua VLK are married and live together with three children, ages 5, 7, and 11. They live in Laconia. The youngest child will turn six on July 31, 2019 (work requirement proposals may only offer exemptions to parents with children under 6 years old). The entire VLK family is currently enrolled in Medicaid.
 - Mr. VLK enrolled in Medicaid after the couple married in June 2018. Before that he was uninsured for five years. Mr. VLK has his GED and currently works in

- construction. His current job pays \$17 an hour, but the schedule is irregular. His company told him he could be assigned full time work soon, but there is no guarantee he will be offered full time hours. The number of hours he works depends on the jobs his employer books, and Mr. VLK's hours can be low if his employer is in between jobs or if they are waiting on supplies. Mr. VLK suffers from an abdominal hernia, which hurts more after physical exertion. When it is aggravated, the hernia limits his mobility and prevents him from lifting things. He is counting on Medicaid coverage to pay for surgery to treat the hernia. Mr. VLK is also currently in counseling to treat his severe anxiety, mild depression, and Attention Deficit Hyperactivity Disorder. Medicaid covers those counseling sessions. He also participates in drug counseling that was ordered by a state-court while he is on probation. The court order lasts for approximately six more months, but Mr. VLK plans to continue attending counseling afterwards to maintain his recovery and prevent a downward spiral into depression. Medicaid also covers his prescription for suboxone, which he uses to treat opioid addiction.
- Mrs. VLK was first enrolled in Medicaid as a child. As an adult, she has been on Medicaid since about 2016. Mrs. VLK is not currently working outside the home. She has her high school diploma and used to work jobs doing home caregiving. She performed tasks like helping people shop for groceries, bathe, and get ready for bed. She stopped working in May of 2018 because her health problems have gotten worse, and she is no longer able to work. Mrs. VLK suffers from nerve damage and a neurological degeneration of the discs of her spine, a progressive disease that runs in her family. She had surgery on her lower back to treat the effects of the disease approximately 10 years ago. Her pain level has been increasing lately as a result of her back problems, and it is currently hard for Mrs. VLK to walk. Basic activities like driving and going to the grocery store also make her very tired. Sometimes she is in so much pain that she cannot swallow food. Mrs. VLK used to volunteer for her church but does not do so anymore because she does not feel well enough. She needs surgery to treat her back condition and is counting on her Medicaid coverage to obtain the surgery. She thinks that if she can get the surgery, she may be able to go back to work after she recovers. Mrs. VLK also suffers from Attention Deficit Hyperactivity Disorder and Obsessive Compulsive Disorder (both of which make it difficult to complete paperwork). She also experiences anxiety and depression as a result of her chronic pain. Medicaid covers her counseling sessions for these conditions, as well as her prescriptions which treat her anxiety. Mrs. VLK is also worried about the process of getting documentation of her medical conditions from her doctors to try to prove an exemption once her daughter turns six. She does not want to spend time at her doctor's appointments completing paperwork

- to apply for an exemption. She would rather spend the time with her doctors talking about her own health concerns.
- Without Medicaid coverage, the VLKs will be unable to pay for necessary medical care, including prescriptions, counseling, Mrs. VLK's back surgery, and Mr. VLK's hernia surgery.

Harm to Workers (as reported in 2019-2020)

- Adrian McGonigal is a 40-year-old man who lives in Pea Ridge, Arkansas, with his brother. Mr. McGonigal was working full-time when he the state terminated his Medicaid coverage under the Arkansas Works Amendment requirements. Although he thought he had reported properly, he had not done what was required. Without his Medicaid coverage, Mr. McGonigal could not get his medications for his COPD, degenerative disc disease, depression, and anxiety disorder. Without his COPD medications, he began to have COPD flare ups that caused him to seek care in the emergency room and miss work. Although he tried to go to work and his employer worked with him, he was ultimately fired under company polices. He also has significant hospital bills of over \$4,000 from getting necessary breathing treatments at the hospital after he had his Medicaid terminated.² Mr. McGonigal understands from his doctor that he has permanent damage from his recent COPD flare ups. After being without his medications, he also now sleeps only two to three hours per night, and has more back pain. Mr. McGonigal believes there is no way that he can continue to work or to be productive without the medical assistance that Medicaid provides.
 - When Mr. McGonigal received notice that the work requirement would apply to him, he had trouble understanding the new requirements. He tried to report his work activity by calling the local DHS office, but was told he could only report online. Mr. McGonigal is not comfortable with computers and has very little experience going online. He does not own a computer or smartphone. Because he has no driver's license or access to public transportation that will take him where he needs to go, he has no reliable way to get to the nearest library to access a computer. Mr. McGonigal's family ultimately helped him report his work activities in June 2018. It was his understanding that this one report was all he needed to maintain his coverage.
 - Mr. McGonigal learned he lost Medicaid when he went to the pharmacy to refill prescriptions. He called DHS multiple times to understand why his insurance was

² PBS News Hour, *With New Work Requirement, Thousands Lose Medicaid Coverage in Arkansas* (Nov. 19, 2018), <https://www.pbs.org/newshour/show/with-new-work-requirement-thousands-lose-medicaid-coverage-in-arkansas>.

- terminated. At first, DHS could not provide an explanation and told him to call his insurance company; the insurance company, in turn, told him to call DHS.
- When Mr. McGonigal called DHS with legal assistance, he explained to DHS that he thought he was in compliance and even received a letter confirming that he reported hours in June. The DHS caseworker explained that reporting was an ongoing, monthly requirement. When Mr. McGonigal explained that he had not understood the requirement and had trouble with computers and the Access Arkansas website, the caseworker responded that she could not help him. She told him that a good cause exemption was only available if he was in the hospital and unable to report.
- Veronica Watson is a 36-year-old woman who lives in Moro, Arkansas. Ms. Watson's primary job has been cleaning motel rooms and homes. Most recently, she found only three hours of work per week. She briefly worked on a factory assembly line, leaving after one month because she lacked the physical strength to perform the job. Though she returned to the same factory as a janitor in June and July 2018, she ultimately could not afford the 90-mile roundtrip commute. In late August, Ms. Watson started working at a shirt factory under a three-month probationary period. Ms. Watson suffers from gastroesophageal reflux disease, which causes burning and sharp pains in her chest. The uncertainty around the work requirement causes Ms. Watson stress. She worries that she will lose Medicaid coverage if she is not able to maintain her job at the shirt factory. Without insurance, Ms. Watson will not get regular check-ups, general medical care, and the treatment she needs for her gastroesophageal reflux disease, including the daily medication necessary to manage her condition so she can work and live a normal life.
 - Because Ms. Watson does not have a home computer or internet access, she was not able to create an Access Arkansas account to report her work hours for August. Her cell phone has a limited, pre-paid data plan, but cell reception is often unreliable. The nearest library or DHS office where she can access a computer is a 40-mile round-trip from her home.
 - Cesar Ardon is a 40-year-old man who lives in Siloam Springs, Arkansas. Mr. Ardon worked as a welder for 15 years until he had a tumor surgery in May 2017. Currently, Mr. Ardon works in construction as a self-employed handyman doing mostly outdoor work. His income and hours fluctuate greatly from month to month based on the type of work he gets and the weather. With Medicaid, he is able to get treatment and care, as well as annual check-ups. In 2017, Medicaid covered a major operation to remove a baseball-sized tumor on his side. He also receives treatment and monitoring for other medical conditions, such as high cholesterol, carpal tunnel syndrome, arthritis, and

vision issues. In March 2018, Mr. Ardon received a notice stating he would have to work at least 80 hours a month, beginning in June, to keep Medicaid coverage. Mr. Ardon has had trouble reporting his work through the website and does not expect to be able to get 80 hours of work every month, such that he will be able to meet the requirements. Mr. Ardon worries about getting sick, being unable to work, and losing access to health care.

- Even though Mr. Ardon worked enough hours in June 2018 to meet the requirement, he was unable to report his hours online because he had trouble figuring out the website. In July 2018, he received a notice from DHS that he failed to comply with the work requirements for June.
 - In July and September 2018, Mr. Ardon was able to work enough hours to meet the work requirement, but he did not report his hours online. Mr. Ardon submitted other paperwork – and “odd jobs” form – regarding his income and work activities to DHS and believed that had met the requirement.
 - Mr. Ardon is concerned that he will lose his Medicaid coverage because he will not be able to meet the work requirements or because of problems reporting using the online portal. Mr. Ardon has struggled with the reporting website, as he has not always been able to log onto it when he tries. In addition, Mr. Ardon has a computer, but often does not have internet access.
- Ronnie Maurice Stewart is a 62-year-old Kentuckian who suffers from diabetes, arthritis, and high-blood pressure. Mr. Stewart is a college graduate who worked in mental health clinics in North Carolina for many years. He was laid off in his fifties and could not find work. Mr. Stewart moved to Kentucky in 2014 when he was offered a job. After losing that job, Mr. Stewart was homeless for about six months, until he got a job as a medical assistant at a hospital. Because of his age and health, he is no longer able to do heavy work that would require standing on his feet all day. He is concerned that he will lose his health coverage if he is unable to work because of his health or if he takes a job with varying work hours.
 - William Bennett is a 47-year-old divorced man living in Kentucky. He has a 21-year-old son, who splits his time between Mr. Bennett and his ex-wife. His son has ADHD and is unable to work. Mr. Bennett completed a one-year embalming school program and also has a two-year degree in ministry. Mr. Bennett has two part-time jobs – director and mortician at a funeral home and minister at a Baptist church. His income varies widely from \$100 to \$1,000 per month, depending on the number of funerals. He also volunteers 5-8 hours per week. Mr. Bennett has a number of medical problems, including diabetes, high blood pressure, high cholesterol, chronic obstructive pulmonary disease, and hemorrhoids. In addition, he has serious eye problems – no vision in one

eye due to injury earlier in life, cataracts in both eyes, and glaucoma. He is unable to drive due to his limited vision and is worried that he might go blind. His doctors have referred him to be evaluated for surgery. Prior to Mr. Bennett's enrollment in Medicaid, he had to go to the emergency room for treatment and to the health department to try to get prescriptions filled. Often, he would go without his medicine for long periods of time. Medicaid coverage is essential to his ability to manage his health problems and keep working.

- Mary Holbrock is 54 years old and lives in Fort Wayne, Indiana. She has a Ph.D. in Linguistics and taught at the university level until 2010, when she lost her job in the recession. She was not able to find another job in academia. Ms. Holbrock now works part-time grading standardized tests, and her hours fluctuate significantly. Some weeks she works 20 to 30 hours, and some weeks she does not work at all. She has no control over and little advance notice of her schedule. At the beginning of the month, she submits her availability to the testing company, and the company assigns shifts to her. In August 2019, for example, Ms. Holbrock indicated that she could work eight hours per **day**, and the company assigned her 8 hours for the entire **month**. In addition, the company can cancel most assigned shifts at any time, even after they have started. On average, Ms. Holbrock earns \$400 per month. Her annual income is about \$4,800, which is approximately 38% of the FPL for a single person (\$12,490). She also receives \$180 in SNAP benefits. All of her income goes to covering her basic needs. She has no money left over at the end of the month.

Ms. Holbrock enrolled in Medicaid in 2011 or 2012 after she lost her job. She has Lyme disease, which has caused a number of health problems, including memory loss, muscular weakness, and chronic pain. Ms. Holbrock also has post-traumatic stress disorder, anxiety, and depression. She uses her Medicaid coverage to get regular treatment for these conditions. Medicaid covers her lab tests, multiple prescription medications, and doctors' visits. Ms. Holbrock is currently classified as medically frail yet her health plan has revoked her medically frail status twice without explanation, even though her health conditions had not improved. Ms. Holbrock frequently receives notices that the health plan is evaluating her status. If she loses her medically frail status, she will have to work at least 20 hours per week to maintain Medicaid coverage. She is concerned that she will not be able to meet that requirement given her fluctuating work assignments. Because her hours and income change every month and sometimes without any prior notice, reporting those changes would be difficult. Ms. Holbrock is concerned that she could lose her Medicaid coverage and end up with medical bills that would not be covered due to the elimination of retroactive coverage.

- Erin Nicole Tomlinson is 25 years old and lives alone in Evansville, Indiana. Ms. Tomlinson studied Media Arts, Animation, and Fashion Design for a year at the Art Institute of Indianapolis. She has worked in retail for most of her adult life. Currently, she works as a cashier, fabric cutter, and stock person at JoAnn Fabrics. As a retail employee, she has no control over her hours, which fluctuate constantly. In a given week, she may work as few as 8 hours or as many as 23. She usually only finds out when she will work about two weeks in advance. Occasionally, her employer will ask an employee to go home early from a shift if business is slow. On average, she works roughly 17 hours per week. She is not certain that she would be able to pick up additional hours to meet the work requirement. While she could look for additional work, she is not certain that she would be able to land another retail job depending on the season. She uses her Medicaid coverage to pay for two inhalers and a breathing machine. When her asthma is not under control, it can affect her ability to work. Ms. Tomlinson has several other medical conditions, including scoliosis and poor vision. Additionally, Ms. Tomlinson is transgender. She experiences gender dysphoria and depression, and access to gender-affirming care is keeping her alive. Medicaid coverage has allowed her to receive hormone replacement therapy and will allow her to receive gender-affirming surgeries. These health care services are a matter of life and death for her.
- Kimberly Withers is a 47-year-old woman who resides with her husband and two children, ages 18 and 20. Mrs. Withers has worked various jobs all her life, including at gas stations, hotels, fast food restaurants, Wal-Mart, and as a custodian. Mrs. Withers has worked as a housekeeper for the past 7.5 years. The family does not have a car, and Mr. Withers has had difficulty finding a job that does not require him to drive to another county. Most recently, he worked for a large package delivery company but could not afford the gas to commute to work. Mrs. Withers' daughter, age 20, has a learning disability and has been unable to find a job (she is supposed to have a medical review for disability). Mrs. Withers' son, who is 18 years old and still in high school, works part-time (because he is still in high school, his income is excluded for purposes of Medicaid eligibility). Mrs. Withers has rheumatoid arthritis in her hands, shoulders, hips, and lower spine. She has been told that her disks are slowly shrinking. She is in constant pain when she is standing and has a lot of pain by the end of her workday. Mrs. Withers sees her doctor every two months and has had occupational therapy. Mr. Withers has consistent back pain and curvature of the spine.
- David Roode is a 39-year-old man who lives with his wife in Kentucky. Mr. Roode is self-employed as a classical musician and plays with various symphony orchestras, usually on a contract basis. Because he is a self-employed contractor, Mr. Roode's

income varies each month, and he often has to pay his own Medicare and Social Security taxes, in addition to income taxes. With Medicaid, Mr. Roode has been able to get preventive care – including an annual check-up and flu shot. Preventing illness is very important to him because of his busy schedule and contract status since it is very important not to miss performances. Medicaid coverage is essential to Mr. Roode's ability to stay healthy and keep working as much as possible. Without Medicaid, he would be forced to give up his music career and try to find a job that offers health insurance.

- Samuel Philbrick is 26 years old and lives in Henniker, NH with his mother and father. Mr. Philbrick currently works as a cashier in a sporting goods store where he makes \$11.33 per hour. His schedule is irregular, and he can work 16 hours one week and 24 the next. Little to no public transportation exists near Mr. Philbrick's home. Mr. Philbrick does not have a driver's license and generally has to rely on his father to drive him places, including his job. Mr. Philbrick used to work at a pizza restaurant that was closer to home and easier to reach, but he was assigned fewer hours and paid less than at the sporting goods store. Mr. Philbrick enrolled in Medicaid when he turned 26. Before that, he was insured as a dependent through his mother's insurance. Mr. Philbrick takes prescription medication for chronic insomnia. Without the medication, he would be awake most of the night and would be groggy and cranky throughout the day. It would be hard for him to keep a job. He also sees his primary care physician regularly for an annual checkup and any ongoing needs. It is unlikely that Mr. Philbrick will be able to comply with the work requirement because he does not always receive enough hours of work each month at his current job and he will have difficulty getting transportation to complete other qualifying activities. He is afraid he will lose his Medicaid coverage and will be unable to afford private insurance.
- Ian Ludders is 40 years old and lives in Unity, NH. Mr. Ludders lives by himself in a small cabin on a land trust. He has chosen to live a subsistence lifestyle that prioritizes living off the land. Mr. Ludders supports himself through seasonal work including working in apple orchards, picking vegetables on farms, and other jobs, such as roofing, small-scale logging, lobster fishing, and tree maintenance work. This work is time-limited and depends on the needs of the various farms or orchards, the season, and the weather. There are often months when Mr. Ludders does not work 100 hours. Time off between jobs is important to Mr. Ludders, because it allows him to focus on subsistence activities such as growing his own food and chopping firewood to heat his cabin during the long winter months. Mr. Ludders also spends time helping his older neighbors, by doing such things as hauling water and cutting and stacking firewood for their homes. Mr. Ludders has received Medicaid coverage since 2015. He regularly sees his primary

care provider and has also seen an eye doctor. He appreciates having Medicaid coverage in case he is injured while working, since his work can be dangerous. Mr. Ludders is worried he will not be able to comply with the work requirements. While he believes that helping his neighbors is a form of community service, he anticipates that he will have to stop helping them as much so he can try to find other activities that satisfy the new work requirement. He also expects that he will no longer have time to complete his subsistence activities, like growing his own food and collecting firewood. As a result, his heating and food expenses will likely increase. If his Medicaid coverage is suspended, he will not be able to afford private insurance and worries about how he would pay for preventive care and medical treatment if he were injured while he was uninsured.

Harm to Students (as reported in 2019-2020)

- Alexa Hatcher is 29-years-old and a full-time student in her final semester of college in Kentucky. Ms. Hatcher works a part-time job in a campus food pantry, about 10 hours per week. To meet her living expenses, Ms. Hatcher has taken out over \$50,000 in student loans. Ms. Hatcher lives with endometriosis and takes medication for the condition, as well as for depression, anxiety, and severe allergies. Ms. Hatcher had surgery for her endometriosis and uterine polyps in December 2017. Post-surgery, Ms. Hatcher must maintain a medication regimen to prevent a recurrence of these conditions. Without Medicaid, she could not have afforded the surgery or medications, and treatment for her chronic conditions would end because she has no other means to pay for it. Ms. Hatcher's working hours and income fluctuate throughout the year. She is concerned that she will be locked out of Medicaid coverage if she does not file the required reports informing the State about these changes. Ms. Hatcher also is concerned she will be unable to timely re-enroll each year, will be kicked off Medicaid, and as a result, will not get needed care or will incur medical debts when she does seek care.

Harm to Unhoused Individuals (as reported in 2019-2020)

- Russell Cook is a 26-year-old man who lives in Little Rock, Arkansas. He is unhoused and lives in a camp when he cannot stay with a family member. He has been unhoused several other times in his life. When he moved to Little Rock in November 2016, Mr. Cook began working as a landscaper. He could not work on days when it had rained or even recently rained because yards were too wet. As a result, he worked only 40 to 50 hours in rainy months. In months with better weather, he would work full-time. Mr. Cook is currently unemployed. He lost his job as a landscaper in August 2018, when the

foreclosure of his apartment complex and a family emergency forced him to move to De Queen, Arkansas. Unable to find work in De Queen, he returned to Little Rock in October 2018 but was not able to get his landscaping job back. His former boss informed him that no positions would be available for at least a few months. Mr. Cook has no other job prospects. Mr. Cook has primarily used Medicaid coverage to access dental care for several cavities and damage to the roots and nerves of his teeth. In September 2018, Mr. Cook was in the hospital for four days for treatment for a torn Achilles tendon and microfracture to his ankle sustained in an accident. Without Medicaid, Mr. Cook will go without the dental care he needs, including the removal of a wisdom tooth that is lacerating his mouth. He will miss general check-ups and evaluation for his low weight. Even if he can get his landscaping job back, that job does not provide a steady 80 hours of work per month throughout the year. It is difficult for Mr. Cook to find other work because he has no home, phone number, or clean clothing. The loss of health insurance could be catastrophic for Mr. Cook, as he is presently living on the streets, where deteriorating health can have especially severe consequences.

- Anna Book is a 38-year-old woman who lives in Little Rock, Arkansas. She has been unhoused for most of the last eight years. Ms. Book began working as a dishwasher at a restaurant in July 2018 for about 24 hours per week, which puts her close to the 80-hour monthly requirement. Ms. Book's wages cover her rent, child support, and basic necessities. Prior to her dishwashing job, Ms. Book had been unemployed for two years. Her previous employment includes being a manager of a fast food restaurant. For several months, she has been experiencing a respiratory condition that makes it difficult for her to breathe. With Medicaid coverage, Ms. Book was able to see a doctor and obtain prescription medications. Because the condition persists and could develop into pneumonia, she will continue to seek treatment. In the past, Ms. Book also used Medicaid to cover surgery and overnight hospitalization to treat a tooth abscess. In August 2018, she had to miss work when she was sick, which nearly caused her to fall below the requirements under Arkansas Works Amendment.
 - Ms. Book does not have reliable access to the internet. Because she does not have a data plan, she can only access the internet on her cellphone using a Wi-Fi connection, which she does not have at home. When she has used the internet on her cell phone, she found it difficult to see and navigate government websites. She does not own a computer or a tablet.
 - Ms. Book relies on a pastor — the same one who helped her enroll online in Arkansas Works when she was unhoused — to document her work hours online. She visits his church each month to report her hours but transportation is difficult, and it is a challenge to maintain the check-ins with the pastor.