



Patient Groups Applaud Court Rulings on Medicaid Work Requirements and Association Health Plans

**Rulings Will Help Protect Health Care for Americans Nationwide
(March 28, 2019) - WASHINGTON, D.C.**

20 national groups representing millions of people nationwide with preexisting conditions issued the following statement in response to this week’s federal court decisions on Medicaid work requirements in Arkansas and Kentucky, and association health plans.

“This week’s court rulings represent a victory for millions of people nationwide whose access to quality, affordable health care was threatened by efforts to block access to Medicaid and weaken the patient protections of the Affordable Care Act.

“Although the U.S. Department of Health and Human Services has approved work requirements in nine states, only Arkansas’ work requirements law has taken effect, resulting in more than 18,000 Arkansans losing their health care in 2018. The court found that Arkansas’ and Kentucky’s waivers do not meet the purpose of Medicaid, which is to ensure quality and affordable health care for those who cannot otherwise afford it.

“Our organizations represent more than one hundred million Americans living with serious, acute and chronic health conditions, including many who rely on Medicaid as their primary source of health care coverage. We have filed numerous comments with states and HHS urging that work requirements be rejected because they do not align with the intent of Medicaid and will jeopardize the health and well-being of those Americans served by the Medicaid program.

“We must halt implementation of similar work requirements in other states, including New Hampshire, where even harsher work requirements are set to take effect in June. In addition, the administration should withdraw its invitation to states to pursue work requirements polices and immediately pause consideration of any state plans submitted.

“Additionally this week, a federal court issued a decision concluding that the administration’s rule expanding association health plans (AHP) was merely a way to avoid Affordable Care Act (ACA) regulations and protections. AHPs provide fewer consumer protections and less state oversight, leaving patients with pre-existing conditions with limited, expensive options or no protection. The rule was one of many attempts by the administration to erode coverage and raise costs for patients with chronic health conditions.

“Our organizations previously [urged CMS](#) to oppose work requirement policies, emphasizing that such policies do nothing more than result in significant negative consequences for individuals and families served by Medicaid. We also came out in strong opposition to administration rules attempting to undermine the ACA and the vital protections it provides to individuals with pre-existing conditions, including the AHP rule overturned this week. We remain united in our work to protect the ACA and Medicaid and the quality health care they provide.”

###

American Cancer Society Cancer Action Network
American Diabetes Association
American Heart Association
American Lung Association
Chronic Disease Coalition
Cystic Fibrosis Foundation
Epilepsy Foundation
Global Healthy Living Foundation
Hemophilia Federation of America
Leukemia & Lymphoma Society
Lutheran Services in America
March of Dimes
National Alliance on Mental Illness
National Health Council
National Hemophilia Foundation
National Multiple Sclerosis Society
National Organization for Rare Disorders
National Patient Advocate Foundation
National Psoriasis Foundation
Pulmonary Hypertension Association